MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07595

7629

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural give location) 2617 "O" Street NW

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Anderson (Last) ADAMS

4. DATE OF DEATH (Month) August (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 17 July 1898

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank C. Anderson

14. MOTHER'S MAIDEN NAME: Mary A. P. Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband: 2617 "O" St. NW Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) Metastatic Carcinoma to both adrenals and widespread — INTERVAL BETWEEN ONSET AND DEATH: 12 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchogenic Carcinoma, left lung. — 18 months

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 1954, to 12 Aug, 1954, that I last saw the deceased alive on 12 Aug, 1954, and that death occurred at 6:05A M, from the causes and on the date stated above.

SIGNATURE C.W. Russell
C.W. RUSSELL CDR MC USN — ADDRESS U.S. NAVAL HOSPITAL, NNMC, BETHESDA, MARYLAND — DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-16-54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 16 Aug 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly — 24. FUNERAL DIRECTOR C.A. PUMPHREY — ADDRESS Md. 7557 Wisconsin Ave. Bethesda

RECEIVED
AUG 19 1954
BUREAU V. S.

7630

07596 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4704 S. Chelsea Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4704 S. Chelsea Lane

3. NAME OF DECEASED: (Type or Print) (First) Morie (Middle) Travis (Last) Alexander

4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 29, 1895

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months 11 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lloyd H. Travis

14. MOTHER'S MAIDEN NAME: Hattie Renfro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Robert C. Alexander-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Indefinite short

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Brozhart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-2-54

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REG. 9/1/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert H. Gumphry ADDRESS Bethesda, Md.

RECEIVED
SEP 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07597

7631

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Kensington
STREET ADDRESS (If rural give location): 2915 Jennings Road

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Alfred (Last) ANDERSON

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8-2-54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 1 Days — IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard A. ANDERSON

14. MOTHER'S MAIDEN NAME: Florence SCHNEIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Father Mr. Richard A. ANDERSON 2915 Jennings Road, Kensington, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 776X

(A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Aug, 19 54 to 3 Aug, 19 54, that I last saw the deceased alive on 3 Aug 19 54, and that death occurred at 7:40 P M, from the causes and on the date stated above.

SIGNATURE M S Allen — ADDRESS — DATE SIGNED

M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — 8-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9 Aug 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5 Aug 1954 — REGISTRAR'S SIGNATURE: Mary E. Connelly

24. FUNERAL DIRECTOR — ADDRESS: R. A. PUMPHREY Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
AUG 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 07598

7632

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 1411 Gladstone Drive

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Annis

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: August 24 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Annis
14. MOTHER'S MAIDEN NAME: Margaret Endsor Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father - same.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE (A) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 15 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1954 to 8/24, 1954 that I last saw the deceased alive on 8/24, 1954, and that death occurred at 9 40 P M, from the causes and on the date stated above.

SIGNATURE Helen K. O'Brien M.D. ADDRESS 26 W. Mont Ave, Rockville DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-27-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 8/26/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

C

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2084292303

RECEIVED
AUG 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07599

7626 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Ashmun

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Mar 8-1914 | 9. AGE last birthday: 40 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Lewell | 14. MOTHER'S MAIDEN NAME: Henrietta Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | INFORMANT AND ADDRESS: Grace Folsom Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bouchard M.D. | ADDRESS: Gaithersburg Md | DATE SIGNED: 8-20-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 24, 1954 | NAME OF CEMETERY OR CREMATORY: Lincoln Park Cemetery | LOCATION (City, town, or county) (State): Rockville Md.

DATE REC'D BY LOCAL REG.: Aug 24 1954 | REGISTRAR'S SIGNATURE: Dorothy M. Jacobson | 24. FUNERAL DIRECTOR: Robert L. Swann | ADDRESS: Rockville Md.

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07600

7633 CERTIFICATE OF DEATH

Reg. Dist. No. 2-4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norfolk
STREET ADDRESS (If rural give location) 1435 Moultree Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Barker
4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 9, 1889
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing Contractor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sheffield, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Barker
14. MOTHER'S MAIDEN NAME: Sarah Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-18-1135
17. INFORMANT & ADDRESS: Mr. Wm. Howard Barker, 2101 Seminary Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Cerebral Hemorrhage	2 hours
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	Cerebral Arteriosclerosis	5 yrs
	DUE TO		
	(C)	Generalized Arteriosclerosis	15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease 15 yrs

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY ~~street, office~~ bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? — (See over)

22. I hereby certify that I attended the deceased from 19 Aug, 1954, to 19 Aug, 1954, that I last saw the deceased alive on 19 Aug, 1954, and that death occurred at 9:25 AM, from the causes and on the date stated above.

SIGNATURE Merton L. White, M.D. M.D. ADDRESS 11134 Georgia Ave. DATE SIGNED 19 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 8/20/54
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Dover, New Jersey

DATE REC'D BY LOCAL REGISTRAR 8-23-54
REGISTRAR'S SIGNATURE Frances Totter
24. FUNERAL DIRECTOR Warner L. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

19 Aug 54.

This 65yr old white male had been Dr John Rogers care at Bonnells for the past 1½ yrs. He last saw her Barber 17 June 54. I saw him this a.m. as Dr Rogers was tied up by a delivery. The patient was comatose & had had a cerebral hemorrhage

Preston T. White M.D.

BUREAU V. S.
AUG 25 1954
RECEIVED

MARYLAND

* 7634

07601

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda | LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1517 West Rd, Silver Spring Md

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) L. (Last) Baum

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1/13/28

9. AGE last birthday: 26 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walstoon A Baum

14. MOTHER'S MAIDEN NAME: Lillian E Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) 1946-48

16. SOCIAL SECURITY NO.: Has one

17. INFORMANT AND ADDRESS: Christine Baum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	30 hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Periarteritis nodosa	8 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1954, to Aug 11, 1954, that I last saw the deceased alive on Aug 11, 1954 and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Lawrence Avery, M.D. 10110 Georgia Ave., Silver Spring Md Aug 11 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 8/14/54 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem. | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 8/14/54 | REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: The S.H. Ames Co. | ADDRESS: 2901 14th St Washington D.C.

RECEIVED
AUG 16 1954
BUREAU V. S.

7635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07602

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 1 yr. 11 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1206 Juniper st. N.W.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Behrens

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W. | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: July 11, 1878 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Engraving | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christian Sproess | 14. MOTHER'S MAIDEN NAME: Catherine Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952, to Aug. 1, 1954, that I last saw the deceased alive on July 25, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney Sbarsaw, M.D. 3921 Jocelyn St. N.W. Washington 15, D.C. 8/4/54

23. BURIAL CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 4, 1954 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REG. 8/2/54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W. J. Hunteman & Son | ADDRESS 1733 Pa Ave

1910
76
1858

AUG 4

07603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7604

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kentland
STREET ADDRESS (If rural give location) 7562 Hawthorne St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Bernard

4. DATE OF DEATH (Month) (Day) (Year) 8 - 31 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-31-54
9. AGE last birthday 0 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Gregory Bernard.
14. MOTHER'S MAIDEN NAME: Bernice Estelle Milburn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (24 wks gestation)
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1954, to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954, and that death occurred at 6:04 A M, from the causes and on the date stated above.

SIGNATURE Emma Hughes M. D. ADDRESS Takoma Park Md. DATE SIGNED 9/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9-2-54
NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hosp.
LOCATION (City, town, or county) Takoma Park 12, (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept 3rd 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A. Hare, M.D. ADDRESS Wash. San. & Hosp.

VS. A15—10-53

Written permission rec'd from both parents. W.H. Hyatt M.D.L.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 7
BUREAU U. S.

Film #G169 Item # 6,8
8/61/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07604

7636

CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 14 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1222 Maryland Ave. NE.

3. NAME OF DECEASED: (Type or Print) (First) Hamilton (Middle) Herbert (Last) Berry

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: April 12, 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger

10B. KIND OF BUSINESS OR INDUSTRY: Dept. of Agriculture

11. BIRTHPLACE (State or foreign country): Haymarket, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Berry

14. MOTHER'S MAIDEN NAME: Ellen Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wife - Ethel Berry

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Massive Pulmonary edema & Congestion — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Right heart failure — few hours

DUE TO (C) Gangrene ileum from incarcerated hernia by band — 2 days?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9 1954 to Aug. 10, 1954, that I last saw the deceased alive on ..... 1954 and that death occurred at 11 10 A.M., from the causes and on the date stated above.

SIGNATURE T. A. Coleman M.D. ADDRESS 1635 Eye St NW DATE SIGNED 8/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 8/11/54 | REGISTRAR'S SIGNATURE Robert J. McGuire

24. FUNERAL DIRECTOR [redacted] Robert J. McGuire ADDRESS 1820-9th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07605

7637 CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1day 13hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) R# 2

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) L. (Last) Blue
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: 3/12/81
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Blue
14. MOTHER'S MAIDEN NAME: Ida Reamer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset And Death: 50 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-13-54
19b. MAJOR FINDINGS OF OPERATION: Mesenteric thrombosis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1954, to 8-15, 1954, that I last saw the deceased alive on 8-14, 1954, and that death occurred at 4:10 a.m., from the causes and on the date stated above.
SIGNATURE Richard Q. Yates (Degree or title) M.D. ADDRESS Olney, Md DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8-18-54
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 8-15-54
REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St. N.W, Wash., D.C.

VS. A15

07606

7638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Glen Echo Heights COUNTY Md Nova
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Heights
STREET ADDRESS (If rural, give location) 4910 Sangamore Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JEANNETTE CRIST BOCK

4. DATE OF DEATH (Month) (Day) (Year) Aug. 24 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH 24 MAR 1870
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME CRIST
14. MOTHER'S MAIDEN NAME NO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MRS MARY HYMAN, Boswell Nursing Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	3 3/4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Years
	(c) —	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1953, to 8-24, 1954, that I last saw the deceased alive on 8-24, 1954, and that death occurred at 6 50 p m., from the causes and on the date stated above.

SIGNATURE John S. Rogers MD (Degree or title) ADDRESS 1919 Seminary Rd. Sil. Spg. Md. DATE SIGNED 8-24-54

23. BURIAL, CREMATION REMOVAL (Specify) 8-27-54
DATE THEREOF 8-27-54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. 8-25-54
REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR Joseph Gawler Sons ADDRESS 1756 Pa Ave NW Wash DC

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

07607

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7605

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7317 Willow Ave.

3. NAME OF DECEASED. (Type or Print) (First) Emery (Middle) Charles (Last) Booth

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Cau
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/3/1903
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus operator
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Rufus E. Booth
14. MOTHER'S MAIDEN NAME: Olive Goodrich Peterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) General Carcinomatosis - abd.
DUE TO
ANTECEDENT CAUSE (B) , and bone -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C) Primary Ca unknown -

INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1954, to Aug. 30, 1954, that I last saw the deceased alive on 8-30-54, 19 ..., and that death occurred at 12 20 P.M. from the causes and on the date stated above.

SIGNATURE Arthur E Coyne M. D. ADDRESS Takoma Park Md DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 2-1954
NAME OF CEMETERY OR CREMATORY Irvington National
LOCATION (City, town, or county) Irvington, (State) Va.

DATE REC'D BY LOCAL REGISTRAR Aug. 30-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 254 Carroll St N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07608

7639 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 days - 3hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4707 Chevy Chase Drive

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Frances (Last) Brickner
4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: December 28, 1894
9. AGE last birthday 59 yrs.
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Hoary
14. MOTHER'S MAIDEN NAME: Mary Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 103-18-3055
17. INFORMANT & ADDRESS: Son. Kenneth Brickner - Same address.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Brain Tumor (Astrocytoma, Grade 4) — INTERVAL BETWEEN ONSET AND DEATH: 2 years
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardiovascular Disease (clinical) — 2 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1954 to Aug 13, 1954, that I last saw the deceased alive on Aug 13, 1954, and that death occurred at 2:05 P M, from the causes and on the date stated above.
SIGNATURE O. J. Brennan M.D. ADDRESS Bethesda Md. DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-17-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9/14/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Dunphrey
ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7640 CERTIFICATE OF DEATH

07609

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 9 hr. 26 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~Montgo~~ Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Eva (Last) Bryan

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 13, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Parsley
14. MOTHER'S MAIDEN NAME: Rebecca Gingell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/4/, 1954, to 8/6/, 1954 that I last saw the deceased alive on 8/5/, 1954 and that death occurred at 12:06 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 8/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 8, 1954
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Burtonsville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-7-54
REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07610

7641 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) 20 Walker Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jeanne (Middle) Burdette (Last) Buck
4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7/20/1856
9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Nicol
14. MOTHER'S MAIDEN NAME: Mary Walker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794X

Immediate cause (a) Senility DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1954, to Aug. 10, 1954, that I last saw the deceased alive on Aug. 10, 1954, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Aug. 10, '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 13, 1954
NAME OF CEMETERY OR CREMATORY Stonewall Jackson Memorial Cem.
LOCATION (City, town, or county) Lexington, Rockbridge (State) Va.

DATE REC'D BY LOCAL REGISTRAR 8-11-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07611

7642 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wisconsin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3925 12th St N.E.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H (Last) Burke
4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-11-1871
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Henry Burke
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-48-4137
17. INFORMANT AND ADDRESS Nursing home records same as Item 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	hemiplegia (left)	3 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.I. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/28/54 NAME OF CEMETERY OR CREMATORY Mt. Calvert LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 8/28/54 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14 St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG
BUREAU V. S.

07612

7606

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-3-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Jefferson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 11 Jefferson Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Busby

4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 19 54

5. SEX Female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-6-1915
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Colbert
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-29-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 8-29-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Hall Bros. Funeral Home ADDRESS O.W. Hall
621 Fla. Ave., N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07613

7643 CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montg Co. Gen Hosp. Olney MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Olney md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY mnt Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood.
STREET ADDRESS (If rural give location) Rt #1

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Byrd.

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Cl.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 17, 1916.

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josh Runlin

14. MOTHER'S MAIDEN NAME: Betty UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Thomas Byrd - Derwood, Md. R.F.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease — 4 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1954, to 8/10, 1954, that I last saw the deceased alive on 8/9, 1954, and that death occurred at 6:10 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sandy Spring Md 8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-13-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Fredericksburg, Va.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
8-13-54 Gertrude B Lawler

24. FUNERAL DIRECTOR Robert L. Lawden ADDRESS Rockville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 07614

7644 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 8706 Old Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ashby (Last) Carlisle

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jne 7,1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 2 Days 3 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: PepCo
11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Henry Carlisle
14. MOTHER'S MAIDEN NAME: Anninette DuFief

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs. F. M. Carlisle-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atrophy of Liver - Obstructive Jaundice - Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Head of Pancreas 7 mo.

DUE TO

(c) -

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Cholecystitis - - - 10 mo.

19a. DATE OF OPERATION: 23 June 54.
19b. MAJOR FINDINGS OF OPERATION: Hard Mass at Head of Pancreas - Small hard liver - Chronic Cholangiolitis -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1st, 1946, to 10 Aug, 1954, that I last saw the deceased alive on 9 Aug, 1954, and that death occurred at 8:40 AM from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 10 Aug 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/12/1954
NAME OF CEMETERY OR CREMATORY: Mt. Zion
LOCATION (City, town, or county): Bethesda (State): Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/10/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

166 12 1654

BUREAU V. S.

7645

07615

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodacres -Washington 16, D.C.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5016 Allen Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 3106 Weller Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK WILLIAM CARROLL	August 28, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Feb. 24, 1890	64	6	4		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Elect. Eng.	REA	Illinois	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Carroll	Josephine Bennes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WW 1	None	Marie K. Carroll-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Coronary occlusion	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Broderick M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM ☐

DATE SIGNED 8 28 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	8-28-54	Lyons	Lyons, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/54	Bessie M. Thompson	Robert R. Dunphry	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 07616

7646 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington Garden
LENGTH OF STAY (in this place) 11/6/52 / 8/6/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3000 - McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [redacted] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural give location) 3316 Woodley Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) (Last) Carson

4. DATE OF DEATH: (Month) AUG (Day) 6 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/3/1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Hotel Manager

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11 BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James M Carson

14. MOTHER'S MAIDEN NAME: Olla Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS Rest Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3-4 hours

Antecedent causes (s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive heart disease — 6-8 years.

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949 **19b. MAJOR FINDINGS OF OPERATION** Ligation of carotid in neck

20. AUTOPSY? Yes [ ] No [X]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1951 to Aug 4, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 7.54 AM, from the causes and on the date stated above.

SIGNATURE C. P. Ryland (Degree or title) C. P. RYLAND, M.D. ADDRESS 4400 - 49th St., N.W. Washington 16, D.C. DATE SIGNED AUG 6 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** 8-7-54 **NAME OF CEMETERY OR CREMATORY** Fort Lincoln **LOCATION** (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8-6-54 **REGISTRAR'S SIGNATURE** Frances Tolbert

24. FUNERAL DIRECTOR The S. H. Hines Co. **ADDRESS** 2901 - 14th St. N.W., Wash., D.C.

VS. A15

AUG 9 1954

BUREAU V.

07617

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7607 **CERTIFICATE OF DEATH** Reg. Dist. No. 223 -

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8206 Queen Annes Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Newman (Last) Carmack

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: October 2, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Carmack

14. MOTHER'S MAIDEN NAME: Abrilla Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Hypostatic Pneumonia	24 hrs
ANTECEDENT CAUSE (B)	DUE TO (B) Diabetes Mellitus	2 yrs (?)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Glomerular Nephritis	3 to 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senility	

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to Aug 28, 1954, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. Philip E. Jones ADDRESS 918 Edgeworth Drive Silver Spring Md. DATE SIGNED Aug 28 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/31/54

NAME OF CEMETERY OR CREMATORY Lay Hill Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 27 1954

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07618

CERTIFICATE OF DEATH

7647

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Alexandria; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria; STREET ADDRESS (If rural give location) RR#3, Box 155

3. NAME OF DECEASED: (First) William (Middle) John (Last) CASPARI Jr.

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 15 August 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR, Months, Days: 5; IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Willian John CASPARI

14. MOTHER'S MAIDEN NAME: Ruth STONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father: RR#3 Box 155, Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (B) DUE TO Prematurity — 8 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug., 19 54 to 23 Aug., 19 54, that I last saw the deceased alive on 23 Aug 19 54 and that death occurred at 7:18A M, from the causes and on the date stated above.

SIGNATURE M. S. Allen — ADDRESS M. S. ALLEN LT MC USN U.S. NAVAL HOSPITAL, NNMC, BETHESDA, MARYLAND — DATE SIGNED 8-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8-25-54 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-23-54 — REGISTRAR'S SIGNATURE: Mary E. Farrell

24. FUNERAL DIRECTOR — ADDRESS: Md. R.A.PUMPHREY: 7557 Wisconsin Ave. Bethesda,

RECEIVED
AUG 25 1954
BUREAU V. S.

07619

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7648

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■■ is ■specially important. Physicians: ■lease write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery
Maryland MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1mo 29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 523 North Imboden Street

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Rose (Last) CAVIN

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1954

5. SEX Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH. 3-8-17

9. AGE last birthday 37 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Tony Molinaro

14. MOTHER'S MAIDEN NAME: Angelina Marucca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Mr. Ralph W. CAVIN
523 N Imboden St Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) Medullary carcinoma ovaries with
ANTECEDENT CAUSE (S)
DUE TO
(B) extensive metastases
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
10 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June, 19 54 to 12 Aug, 19 54 that I last saw the deceased alive on 12 Aug, 19 54, and that death occurred at 9:55P M, from the causes and on the date stated above.

SIGNATURE J E McClenathan
ADDRESS J.E. MC CLENATHAN JR LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 17 Aug 54
NAME OF CEMETERY OR CREMATORY St James Cemetery
LOCATION (City, town, or county) (State) Kenosha Wisconsin

DATE REC'D BY LOCAL REGISTRAR 16 Aug 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. H. PUMPHREY Funeral Home ADDRESS 7557 Wisc Ave., Bethesda, Maryland

RECEIVED
AUG 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07620

7649 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Westmoreland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Saville (Last) Childs Sr.

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 6-26-78 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months 1 Days 23 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elect. Contractor
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Childs
14. MOTHER'S MAIDEN NAME: Annie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 5003 Rugby Ave. Beth. Ralph Saville Childs, Jr. - Son Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Liver Arteriosclerosis with Uremia — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma, pancreas metast to liver — 2 (?) years

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1954 to Aug 19, 1954, that I last saw the deceased alive on Aug 18, 1954 and that death occurred at 11:55 AM, from the causes and on the date stated above.

SIGNATURE Paul L. Conforti M.D. ADDRESS Bethesda DATE SIGNED 8/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/21/1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Prince Geo. Maryland

DATE REC'D BY LOCAL REGISTRAR 8/20/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Pumphrey | ADDRESS Bethesda, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
AUG 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07621

7650

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY in this place 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7106 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forrestville; STREET ADDRESS (If rural give location) 6282 - Ritchie Road

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTA (Middle) GILMORE (Last) CLINE

4. DATE OF DEATH: (Month) Aug. (Day) 13, (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 1, 1874

9. AGE last birthday: 80 yrs. If UNDER 1 YEAR: Months — Days — If UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY. —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Love

14. MOTHER'S MAIDEN NAME: Anna Worthington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Dtr: Mrs. Franklin Patten 7106 - River Rd Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized Abdominal Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 months

ANTECEDENT CAUSE (S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954 to Aug. 13, 1954, that I last saw the deceased alive on Aug. 13, 1954, and that death occurred at 4:15 P M, from the causes and on the date stated above.

SIGNATURE C. Willard Camalier, Jr. M. D. ADDRESS 1801 - 21st St. N.W. Wash. D.C. DATE SIGNED 8/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/16/54 — NAME OF CEMETERY OR CREMATORY: Worthington Family Plot — LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/16/54 — REGISTRAR'S SIGNATURE: G W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Ellsworth Armacost - 4600 Liberty Hghts. Ave.

07622

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7651 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 1642 N. Edison St.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Virginia (Last) Coleman

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 30 Sept. 1926
9. AGE last birthday 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fry
14. MOTHER'S MAIDEN NAME: Margaret Meeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None stated
17. INFORMANT & ADDRESS: Mother and the Clinical Center med. record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 17-X

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Widespread metastatic carcinoma in liver, ~~XXXXX~~ kidneys, pleura, skin, bones, lymph nodes and adrenal

(B) DUE TO

(C) Adenocarcinoma of right breast

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -----
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1954, to Aug. 26, 1954, that I last saw the deceased alive on Aug. 26, 1954, and that death occurred at 10:15 A M, from the causes and on the date stated above.

SIGNATURE Montague Lane, M.D.
ADDRESS The Clinical Center Nat'l Inst. of Health
DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal-Burial
DATE THEREOF Aug. 28, 1954
NAME OF CEMETERY OR CREMATORY National Memorial Park
LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REGISTRAR 8/28/54
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Fitzgerald Funeral Home, [illegible]
ADDRESS Arlington, Va

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7652 07623

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6919 Clarendon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 6919 Clarendon Rd

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) McCARTY (Last) CONOLLY

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 14, 1906.

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newport-News, Va,

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel J. McCarty

14. MOTHER'S MAIDEN NAME: Martha Schlueter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Husband, Dr. Connolly, same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Multiple Myeloma Kidney — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Multiple Myeloma — 6 weeks

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Uremic Paranoia.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1954, to Aug. 14, 1954, that I last saw the deceased alive on Aug 7, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE George E. Schlueter M. D. ADDRESS 3025 Ge St. DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-18-54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 8/16/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert G. Pumphrey — ADDRESS Bethesda, Md.

RECEIVED
AUG
PUBLIC V. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07624

7653

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural — LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Carolina COUNTY Williamsburg

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingstree

STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) McLloyd (Last) COOK

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-19-21

9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II Korean

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Carrie B. COOK 3720 4th Ave, Chattanooga, Tennessee

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary Edema — Terminal

ANTECEDENT CAUSE (B) DUE TO Cerebral Anoxia — 24 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Burns — 2nd - 3rd degree - head - neck - torso - all 4 extremeties. — 8 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Both clavicles Fractures 1-2-3 ribs left - 1-2 ribs rt. — 8 days.

19A DATE OF OPERATION. 8/13/54

19B. MAJOR FINDINGS OF OPERATION Burn Dressing 2nd - 3rd degree burns face - neck - torso - all 4 extremeties - 45% body burn

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Plane Crash

21C WHERE DID INJURY OCCUR? (City or town) (County) (State) CHINCOTEAGUE - Virginia

21D TIME OF INJURY (Month) (Day) (Year) (Hour) 8 12 54 M.

21E INJURY OCCURRED While at work ☒ Not while at work ☐

21F. HOW DID INJURY OCCUR? While landing plane at Naval Air Station, engine failure occurred and plane crashed.

22. I hereby certify that I attended the deceased from 13 Aug, 1954, to 19 Aug, 1954, that I last saw the deceased alive on 19 Aug 1954, and that death occurred at 5:30AM, from the causes and on the date stated above.

SIGNATURE J. R. Connelly — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 25 Aug 1954 — NAME OF CEMETERY OR CREMATORY Smith Cemetery — LOCATION (City, town, or county) (State) Kingstree, South Carolina

DATE REC'D BY LOCAL REGISTRAR 25 Aug 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home — ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07625

7654 CERTIFICATE OF DEATH Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson--R.F.D
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson, R.F.D
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Royie (Middle) G (Last) Cooley
4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 19 54
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: July 21-1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Nathan Cooley
14. MOTHER'S MAIDEN NAME: Lillie Sears
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Nathan Cooley, Dickerson, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Progressive Muscular Dystrophy DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 40 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition, severe.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 22 Aug, 1954, that I last saw the deceased alive on 21 Aug, 1954, and that death occurred at 3.30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Gordon M Smith, MD
ADDRESS Barnesville
DATE SIGNED 23 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-24-54
NAME OF CEMETERY OR CREMATORY Monocacy Cemetery
LOCATION (City, town, or county) Beallsville (State) Md.
DATE REC'D BY LOCAL REGISTRAR 8-24-54
REGISTRAR'S SIGNATURE Charles W Elgin per DJE
24. FUNERAL DIRECTOR Wm. B. Hilton, Barnesville, Md.
ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07626

7655 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2109-LINDEN LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 2109-LINDEN LANE.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) J. (Last) CROSS

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 31, 1886

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): D.C. GOVT.

10b. KIND OF BUSINESS OR INDUSTRY: HEALTH DEPT.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN CROSS

14. MOTHER'S MAIDEN NAME: CARRIE JOY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: DONALD CROSS - 31 - VIRGINIA Hills Ave. ALEX VA.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

146X

Immediate cause (a) Carcinoma of Left maxilla with metastasis to Brain

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....

DUE TO

(c)

Interval Between Onset And Death 1 year.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1946, to 3 Aug, 1954, that I last saw the deceased alive on 3 Aug., 1954, and that death occurred at 11.45 p.m., from the causes and on the date stated above.

SIGNATURE G. B. Queen (Degree or title) M.D. ADDRESS 7112 Willow Ave. Takoma Park Md. DATE SIGNED 4 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/7/54 NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY LOCATION (City, town, or county) (State) ~~WASH~~ SUITLAND, MD

DATE REC'D BY LOCAL REGISTRAR 8/4/54 REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 3831-6A Ave. NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07627

7608 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY — 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia.
STREET ADDRESS (If rural, give location) 2332 14th St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Fleming (Last) Crouch
4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 7-24-1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Crouch.
14. MOTHER'S MAIDEN NAME: Mariah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Daughter - Julia Ransone - 1423 Quinwood St. Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent cause(s) (b) Arteriosclerotic Heart Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1954, to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE Samuel L. Garnett (DEGREE OR TITLE) M.D. ADDRESS Washington San. & Hosp. DATE SIGNED 8/31/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 3 1954
NAME OF CEMETERY OR CREMATORY Richmond
LOCATION (City, town, or county) (State) Richmond, Va

DATE REC'D BY LOCAL REG. Aug 31 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W K Huntemann & Son
ADDRESS 5732 Ga Ave. NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Coroner notified
L. Myers

U.S. ARMY
SEP 12 PES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07628

7656 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 4605 Coachway Pl.

3. NAME OF DECEASED (Type or Print): (First) Wilma (Middle) Grace (Last) Crouch

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 11/12/04

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Burr Butcher

14. MOTHER'S MAIDEN NAME: Lona Hornbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Biliary Cirrhosis — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Atresia of common duct — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1954, to 8/16, 1954, that I last saw the deceased alive on 8/15, 1954, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] MD — ADDRESS: Sandy Spring MD — DATE SIGNED: 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Aug 18 1954 — NAME OF CEMETERY OR CREMATORY: Edes Hill — LOCATION (City, town or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: 8-16-54 — REGISTRAR'S SIGNATURE: Bernice B Fawler

24. FUNERAL DIRECTOR: Cherry Undertaking Home — ADDRESS: 5th & Wisc. Ave. N.W. Wash. D.C.

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07629

7657 CERTIFICATE OF DEATH

Reg. Dist. No. 21 3

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) LEONARD (Last) CROWN
4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 21, 1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months 2 Days 13 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10B. KIND OF BUSINESS OR INDUSTRY: Const. Work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John O. Crown
14. MOTHER'S MAIDEN NAME: Mary A. Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-12-2780
17. INFORMANT & ADDRESS: Mary K. Crown- Item 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1/2 Hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Coronary sclerosis — 3 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1954 to 5/4, 1954 that I last saw the deceased alive on 5/3/54, 19 ...., and that death occurred at 4:00 A.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-6-54
NAME OF CEMETERY OR CREMATORY: Forest Oak Cem.
LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: August 5, 1954
REGISTRAR'S SIGNATURE: Dorothy M. Jacobson
24. FUNERAL DIRECTOR: Robert H. Humphrey
ADDRESS: Bethesda, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 9 1954
BUREAU V. C

Film G169, Item 9, 8-31-54, et ; items 8.2 = 9-14-54 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07630

7609 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) takoma Park
LENGTH OF STAY (in this place) 1 mo. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~Silver Spring~~ COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 5103 Nahant St. ~~9701 Brunette Avenue~~

3. NAME OF DECEASED: (Type or Print) (First) Bess (Middle) Eva (Last) Cummings

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-~~22~~ 2-89
9. AGE last birthday 64 6 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Cordova, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel J. Durbin
14. MOTHER'S MAIDEN NAME: Viley Ann Bigelow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington San and Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Massive atelectasis of lungs due to pleural effusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days ±
DUE TO
(B) General Carcinomatosis — 1 year ±
DUE TO
(C) Carcinoma of Ovary? — 2 years ±

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-23-53 7-21-54
19B. MAJOR FINDINGS OF OPERATION: (D+C + Radium follow by Panhysterectomy (both tubes & ovaries) Exploratory laparotomy & biopsy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1954, to 8-24, 1954, that I last saw the deceased alive on Aug 24, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE Dead N. Calvert M.D. ADDRESS 7894 Ga Ave. S.S. DATE SIGNED 8-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 8/25/54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
LOCATION (City, town or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 24 1954
REGISTRAR'S SIGNATURE: F. Wilson Dodd
24. FUNERAL DIRECTOR: Chevy Chase Funeral Home
ADDRESS: Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07631

7658 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 mo. 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Angelo (Middle) (Last) D'Amario

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Nov. 10, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: Repairing Shoes
11. BIRTHPLACE (State or foreign country): Italy —
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jepito D'Amario
14. MOTHER'S MAIDEN NAME: Ann Antonio —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Deceased — On pt's admission Record —

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death: 5 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 3 years

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Part 1d1 Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Aug. 25, 1954, that I last saw the deceased alive on Aug. 25, 1954, and that death occurred at 10 P.M. from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Aug. 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-28-54
NAME OF CEMETERY OR CREMATORY St. Rose
LOCATION (City, town, or county) Clopper (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 26, 1954
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Ernest C Gaithers ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07632

7659 CERTIFICATE OF DEATH

Reg. Dist. No. 216

WT. 2lbs 12oz

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 8704 Gilbert Place

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) DAVIS

4. DATE OF DEATH: (Month) AUG (Day) 30d (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): —
8. DATE OF BIRTH: AUG 29d 1954
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 6 Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Elbert Davis
14. MOTHER'S MAIDEN NAME: Margaret Ann Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Father - 8704 Gilbert Place

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 29d, 1954, to AUG 30d, 1954, that I last saw the deceased alive on Aug 29, 1954, and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE Maynard D. Cohen ADDRESS M.D Suburban Hospital DATE SIGNED Aug 30, 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 1, 1954
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 8/30/54
REGISTRAR'S SIGNATURE Irene M. Thompson
24. FUNERAL DIRECTOR Warner E. Lumpkins ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7660 CERTIFICATE OF DEATH

07633

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN Bethesda; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN Bethesda; STREET ADDRESS (If rural give location) 5426 Lincoln Street

3. NAME OF DECEASED: (Type or Print) (First) Francelia (Middle) Gorton (Last) DeVoe

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Dec. 23 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher & Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Dist. School N. Y. State

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Smith

14. MOTHER'S MAIDEN NAME: Sarepta Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Winifred DeVoe Kammerer 7818 Custer Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2½ days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 20 1954, to August 22, 1954, that I last saw the deceased alive on August 22, 1954, and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE Alfred L. Norton M. D. ADDRESS 4711 Highland Ave. Bethesda, Md. DATE SIGNED Aug 22, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment | DATE THEREOF 8/25/1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 8/24/54 | REGISTRAR'S SIGNATURE Francis M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Pumphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1954
BUREAU V. S.

07634

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7610 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 Hosp. 3 mon 2 wk 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
STREET ADDRESS (If rural give location) 205 Lexington Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Edgar Fretz Deysher
4. DATE OF DEATH: (Month) (Day) (Year) 8 / 29 / 1954

5. SEX: male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6/3/84
9. AGE last birthday 70 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Chemist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allan F. Deysher
14. MOTHER'S MAIDEN NAME: Emma Fretz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium and Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 334x (A) Cerebral Arteriosclerosis — 3 Mos

ANTECEDENT CAUSE (S) DUE TO (B) Terminal Bronchopneumonia — 6 Days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1954 to Aug 29, 1954, that I last saw the deceased alive on Aug 29, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Kenneth Laughlin M.D. ADDRESS 934 Elsworth Dr. Sil. Spg. Md. DATE SIGNED 1/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 1, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 29 1954 — REGISTRAR'S SIGNATURE J. Wilson Dodd — 24. FUNERAL DIRECTOR J. Wm Leesborn Co. — ADDRESS 300-4 [illegible] Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07635

7661

CERTIFICATE OF DEATH

•Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1410-11½ St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Patsy) (Last) Draft

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH. Dec. 25, 1917?
9. AGE last birthday 37? yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Homes
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Owens Jr.
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Benjamin Draft 1410-11½ St. Wash. D.C. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 20 hr.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12 1954, to Aug. 12, 1954, that I last saw the deceased alive on Aug. 12, 1954, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE Louis Perry M. D. ADDRESS 1602 Georgia Ave. Silver Spring DATE SIGNED 8-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 8-14-54
DATE THEREOF 8-18-54
NAME OF CEMETERY OR CREMATORY Payne Cemetery
LOCATION (City, town or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 8/16/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Taylor Funeral Service Inc
ADDRESS 1225-11 St. DC

AUG 23 1974
BUREAU V

Item 13, 14, film 7662 8/11/54 cm

07636

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 7 — 8 10 AM

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda

STREET ADDRESS (If rural, give location) 8513 Woodhaven Blvd, Bethesda

3. NAME OF DECEASED: (Type or Print) (First) Mrs (Middle) Ada (Last) Newlands Kubney

4. DATE OF DEATH (Month) (Day) (Year) August 4 1954

5. SEX: F

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 2 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Thomas Hogg Kubney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Massive left Thoracic hemorrhage

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest

DUE TO

(c) Cerebral contusion & laceration

INTERVAL BETWEEN ONSET AND DEATH: Hr 25 min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street

21c. (City or town) Bethesda (County) Monty (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-4-54-6:45 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 8/9/54 NAME OF CEMETERY OR CREMATORY Arlington LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 8/5/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Martin W. Hyson Co. ADDRESS 1300 N. 55 NW Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-[redacted] 07637

7663 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5914 Ipswich Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 5914 Ipswich Rd.

3. NAME OF DECEASED: (First) Helen (Middle) Adele (Last) Duff

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 18, 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months 2, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gates Stearns

14. MOTHER'S MAIDEN NAME: Anna Darling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Thomas Marshall Duff, 5914 Ipswich Rd. Bethesda 14, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 30 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart disease — Not Known
DUE TO (c) mitral Stenosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954 to Aug 27, 1954, that I last saw the deceased alive on Aug 18, 1954, and that death occurred at 8:45 PM E.D.T., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Peyton R Evans Jr M.D.
ADDRESS: 1150 Conn. Ave N.W. Wash DC
DATE SIGNED: Aug 27 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 31, 1954
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: 8/30/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
FUNERAL DIRECTOR: Lynd B. Dunphey
ADDRESS: Bethesda, Md.

7664

07638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRLAND
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS SILVER SPRING, RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FAIRLAND
STREET ADDRESS (If rural, give location) SILVER SPRING, RFD 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MABEL MARIAN ELLIN
4. DATE OF DEATH (Month) (Day) (Year) AUG 8 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6 Nov 1881
9. AGE last birthday 72 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME DAVID LEWIS
14. MOTHER'S MAIDEN NAME MARIAN LOVELESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MR. BENJAMIN ELLIN SILVER SPRING, RFD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CHRONIC PASSIVE CONGESTION — 1 MO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) BERIBERI — 8 MOS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) HYPOSTATIC PNEUMONIA (2) PH. EG. LEFT LEG THROMBOSIS — 3 DAYS

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1950, to 8 Aug, 1954, that I last saw the deceased alive on 8 Aug, 1954, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Thomas R. Whitehead (Degree or title) MD ADDRESS 322 Prince George St Laurel Md DATE SIGNED 8 Aug 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/11/54
NAME OF CEMETERY OR CREMATORY St. Marks Episcopal Church
LOCATION (City, town, or county) (State) Cemetery, Fairland, Montgomery County, Maryland

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1
BUREAU V. S.

Item 18 Film G170 9-17-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07639

7665 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Springfield
STREET ADDRESS (If rural give location) P.O. Box 374

3. NAME OF DECEASED: (Type or Print) First) Linda (Middle) Lou (Last) EPPARD

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7 August 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Alexandria, Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Vernon L. EPPARD
14. MOTHER'S MAIDEN NAME: Connie B. SESLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father: Mr Vernon L. EPPARD P.O.Box 374 Springfield, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340 =

IMMEDIATE CAUSE (A) Meningitis, E. Coli — unknown

ANTECEDENT CAUSE (B) DUE TO (B) Prematurity — 13 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ~~Lob~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lobular pneumonia — unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Aug, 1954 to 27 Aug, 1954, that I last saw the deceased alive on 27 Aug 1954, and that death occurred at 10:30A M, from the causes and on the date stated above.

SIGNATURE M S Allen — ADDRESS M. D. NNMC, Bethesda, Maryland — DATE SIGNED 8-31-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2 Sept 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 31 Aug 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. POMPHREY Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

SEP 1 1954
DUNBAR V. E.

7666 MARYLAND STATE DEPARTMENT OF HEALTH 07640

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wisc Ave Chevy Chase

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON D.C.
STREET ADDRESS (If rural, give location) 1360 Newton St N.W.

3. NAME OF DECEASED (Type or Print): (First) Catharine (Middle) M (Last) Fleming
4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: Jan. 6, 1864
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Proof Reader
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Grand Haven Mich
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Fleming
14. MOTHER'S MAIDEN NAME: Mary Badger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Wm M Adgate 7301 Bradley Blvd Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis cerebral arteries (Rt side) — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/16, 1954, to 8/18, 1954, that I last saw the deceased alive on 8/17, 1954, and that death occurred at 1.45 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Philip Roemmele
ADDRESS 5911 16th St N.W
DATE SIGNED 8/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 19, 1954
NAME OF CEMETERY OR CREMATORY: Shawsheen Cemetery
LOCATION (City, town, or county) (State): Bedford Mass
DATE REC'D BY LOCAL REG. 8/18/54
REGISTRAR'S SIGNATURE: Bessie M. Hornbuckle
24. FUNERAL DIRECTOR: W.W. Chambers Co
ADDRESS: 1400 Chapin St N.W. Wash, D.C.

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07641

7667 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Leroy (Last) Ford
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10/6/42
9. AGE last birthday: 11 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Grover Ford
14. MOTHER'S MAIDEN NAME: Agnes Tyler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hydrocephalis — Interval Between Onset And Death: 9 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Supra cellar tumor — 9 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compression of pituitary gland

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1954, to 8/22, 1954, that I last saw the deceased alive on 8/22, 1954, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 8/22/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Aug 25, 1954
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) Colesville, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 8-26-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7668 07642

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Texas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) San Antonio
STREET ADDRESS (If rural give location) 526 Hammond Avenue

3. NAME OF DECEASED: (Type or Print) (First) Leon (Middle) Albert (Last) FULENWIDER

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-4-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard B. FULENWIDER
14. MOTHER'S MAIDEN NAME: Bamma SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS: Mrs. Lucy Mae FULENWIDER 526 Hammond Ave., San Antonio, Texas

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 7 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 July, 1954, to 15 Aug., 1954, that I last saw the deceased alive on 15 Aug., 1954, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE R. W. GIFFORD JR. LT MC USNR — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 20 Aug 1954
NAME OF CEMETERY OR CREMATORY: Fort Sam Houston National
LOCATION (City, town, or county) (State): Fort Sam Houston, Texas

DATE REC'D BY LOCAL REGISTRAR: 17 Aug 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: CHAMBERS
ADDRESS: 3072 M St. NW, Washington, D.C.

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7669

CERTIFICATE OF DEATH

07643

Reg. Dist. No. 216

Item 23, film G168A 8/9/54 cm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda — LENGTH OF STAY (in this place) 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington

STREET ADDRESS (If rural give location) 3001 John Marshall Dr.

3. NAME OF DECEASED: (Type or Print) (First) Clifton (Middle) T. (Last) Gardner

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	M	Oct. 6, 1893	60 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	not stated	North Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
J. W. Gardner	Mary A. Kirk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	239-50-8794	The Medical Record - The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I. (a) Immediate cause — DUE TO: Massive metastatic carcinoma to lungs, bones and lymph nodes of all regions of body

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Carcinoma right breast; (previous radical mastectomy)

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pyelonephritis, suppurative, secondary to metastatic carcinoma of ureters

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no	–	–		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?
–			– m.			–

22. I hereby certify that I attended the deceased from July 21, 1954, to Aug. 1, 1954, that I last saw the deceased alive on Aug. 1, 1954, and that death occurred at 2:00 p.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Montague Cobb	M. D.	The Clinical Center, National Institutes of Health	Aug. 1 '54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial Removal - 8/2/54		Shiloh Reformed	Rockville	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/54	Bernie M. Thompson	J. W. Lee, Inc.	300-4th St. N.W. Wash. D.C.

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AUG 4 19[illegible]
BUREAU V. S.

Item 11 Film G168A 8/13/54 et

07644

MARYLAND 7670

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print) (First) Mrs. Landella (Middle) M. Griffith (Last)

4. DATE OF DEATH (Month) Aug 4, (Day) 1954 (Year) 19

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8/18/91
9. AGE last birthday 63 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dr. Henning Etchison
14. MOTHER'S MAIDEN NAME Scharollet Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute gangrene gall bladder

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20/54, 19 ..., to Aug 4/54, 19 ..., that I last saw the deceased alive on Aug 4, 1954 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE John O Robben (Degree or title) M.D. ADDRESS 7930 Georgia Ave Silver Spring Md DATE SIGNED Aug 5/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-7-54
NAME OF CEMETERY OR CREMATORY Damestown.
LOCATION (City, town, or county) Damestown (State) Md

DATE REC'D BY LOCAL REG. Aug 6, 1954 Aug 9, 1954
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

1

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7611 MARYLAND STATE DEPARTMENT OF HEALTH 07645

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) E.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Monty Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12710 Peach St

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) BRUCE (Last) GROSS
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1954
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-26-52
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) E.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Irving J. Gross
14. MOTHER'S MAIDEN NAME Marion Pugotch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to suffocation — 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) 8 (Day) 31-54 (Year) 12:15 P m. (Hour)
INJURY OCCURRED While at work Not while at work ☒
HOW DID INJURY OCCUR? Piece of "Int Arg" lodged in throat

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J. Broschart M.E. ADDRESS Gaithersburg Md DATE SIGNED 8-31-54

INTERMENT OR CREMATION	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-1-1954	Natl Memorial	Oaks Church Va

DATE FILED BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 31-1954	J. Wilson Dodd	C. D. Foxwell	4217 9th St. NW Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07646

7671

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Massachusetts COUNTY Norfolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookline
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) E. (Last) HALL

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: October 6 1908

9. AGE last birthday 45 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Stanley Johnson

14. MOTHER'S MAIDEN NAME: Janetta McClinnen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: Husband: 1308 Robinson Place Falls Church, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B) DUE TO Metastatic Carcinoma of Cervix — 5 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 7/26/54

19B. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, widespread metastasis in pelvis and cervix

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1954, to 3 August, 1954, that I last saw the deceased alive on 3 August, 1954, and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE C.S. DURDEN LT MC USN — ADDRESS U.S. NAVAL HOSPITAL NNMC, BETHESDA, MARYLAND — DATE SIGNED 8-4-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6 August 1954
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-5-54
REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R.A. PUMPHREY
ADDRESS: 7557 Wisconsin Ave. Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7672 07647

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 4514 Saul Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Marie von Drak Hanson
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 23 1954
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 9, 1880
9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Bohemia (Czechoslovakia)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Vincent von Drak
14. MOTHER'S MAIDEN NAME: Anna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Katherine Maciejewicz - Kensington Md. 4514 Saul Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

40 IMMEDIATE CAUSE (A) Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis — 30 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1954, to Aug 23 1954, that I last saw the deceased alive on 8/22, 1954, and that death occurred at 11 40 A M, from the causes and on the date stated above.

SIGNATURE Charles J. Savarese, Jr. M.D. ADDRESS 8016 Old G'town DATE SIGNED 8/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-24-54
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/24/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07648

7673 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 53 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 108 50th Street, NE

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Calvin (Last) HARDEN

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxidermist

10B. KIND OF BUSINESS OR INDUSTRY: Goverment

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph HARDEN

14. MOTHER'S MAIDEN NAME: Lily Fadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Fannie V. HARDEN, 108 50th St. NE, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Pyelonephritis, acute, cause Unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (B) DUE TO: Multiple Myeloma — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes Mellitus — 3 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1954, to 21 Aug, 1954, that I last saw the deceased alive on 21 August, 1954, and that death occurred at 8:23 PM, from the causes and on the date stated above.

SIGNATURE: R.L. FLECK LCDR MC USN — ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 25 Aug 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 24 AUG 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: W.E.JARVIS — ADDRESS: 1432 U St.N.W., Washington, D.C.

AUG 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07649

7674 CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Olney
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broome Grove Foundation Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural give location) 6033 Ridge Drive

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Horace (Last) Harrington

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 23 1873

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Supt. Lehigh Valley Coal Co. retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ellenville New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Harrington

14. MOTHER'S MAIDEN NAME: Mary Jane Blake

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Cis in Mrs 6033 Ridge Drive Mrs Herbert H Harrington Wash-16. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIAC ARREST — Interval Between Onset And Death 5 MIN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) GEN. ART-SCLEROSIS +

DUE TO (c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 AUG, 1954, to 8 AUG, 1954, that I last saw the deceased alive on 5 AUG, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Helen Bailey Ziegler MD ADDRESS 8 AUG 1954 DATE SIGNED Olney Md 8 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 11th 1954 NAME OF CEMETERY OR CREMATORY Forest Lawn LOCATION (City, Town, or county) Buffalo, N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 8-8-54

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert A Lang Funeral Home ADDRESS Bethesda Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07650

7675 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 6728 Pomander Lane, Chevy Chase Md

3. NAME OF DECEASED: (Type or Print) (First) Maria (Middle) (Last) Hayes Hayes

4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: 4-16-1874
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? Naturalized citizen

13. FATHER'S NAME: PATRICK O'BRIEN
14. MOTHER'S MAIDEN NAME: MARY O'DONOVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mary McCarthy, 6728 Pomander Lane, Chevy Chase Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 445 (A) Acute pulmonary oedema
ANTECEDENT CAUSE (B) DUE TO Acute left heart failure
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Hypertensive & Arteriosclerotic C.V.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity c̄ failure. Arteriosclerosis generalized

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1954, to 9 Aug, 1954 that I last saw the deceased alive on 9 Aug, 1954, and that death occurred at 9:30 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS DATE SIGNED 9 Aug 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8/9/54
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) (State) Brooklyn, N. Y.

DATE REC'D BY LOCAL REGISTRAR 8/10/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14 Pl. N.W. Wash. D.C.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 07651

7676 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7008 Georgia Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 7008 Georgia Street

3. NAME OF DECEASED (Type or Print) (First) NANCEY (Middle) S. (Last) HAZARD

4. DATE OF DEATH (Month) (Day) (Year) August 6th 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 15, 1881
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Slater
14. MOTHER'S MAIDEN NAME: Sarah E. Helphensteen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Grace S.Croke-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) (1) Secondary Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSE (B) DUE TO (2) Primary Coronary Thrombosis — 2 1/2 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO (3) Generalized Arteriosclerosis c̄ Arterial Hypertension — Undetermined

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to Aug 6, 1954, that I last saw the deceased alive on Aug 1, 1954 and that death occurred at 3:15 AM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 2835 Eastern Ave Silver Springs Md DATE SIGNED Aug 6, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug.10,'54
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 8/9/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 11 1954
BUREAU V.

Item 18 Film G169 8-20-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH

07652

7677 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY ~~Johns~~ Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4757 Chevy Chase Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,
STREET ADDRESS (If rural, give location) 4757 Chevy Chase Drive

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Henderson
4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-27-24
9. AGE last birthday 30 yrs If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner
10b. KIND OF BUSINESS OR INDUSTRY Mariner
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Edward HENDERSON Dec
14. MOTHER'S MAIDEN NAME Bertha MOMBERGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Wife Mrs. Mary G. HENDERSON 4757 Chevy Chase Dr., Bethesda, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fatty Cirrhosis of liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-3-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6 Aug 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)
DATE REC'D BY LOCAL REG. 4 Aug 1954
REGISTRAR'S SIGNATURE Mary E. Gavelly
24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Items: 7,9,8,14,16 Film No. G169, 9/3/54, MH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07653

7678 CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 7/17/54-8/25/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 3124 Parkway Terrace

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H (Last) Hendricks

4. DATE OF DEATH: (Month) 8- (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 16-1882
9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Hendricks
14. MOTHER'S MAIDEN NAME: Victoria Dethridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 579-07-1139
17. INFORMANT & ADDRESS: Records at the Washington Home

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute heart failure	30 minutes
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Cerebral arteriosclerosis	years
	DUE TO	
	(C) General arteriosclerosis	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. senility		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8/54, 19....., to 8/25., 1954 that I last saw the deceased alive on 8/12., 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.
SIGNATURE Charles M Weber M. D. ADDRESS DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8/25/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8-25-54
REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR J. William Leo Sons Co
ADDRESS D.C.

AUG 27 19..
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07654

7679 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5611 Northfield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Manly
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5611 Northfield Rd

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Hubert (Last) Hickey Jr
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7-8-09
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toolmaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tenn
12. CITIZEN OF WHAT COUNTRY? N Sa

13. FATHER'S NAME Roy H Hickey Sr
14. MOTHER'S MAIDEN NAME Catherine Crumly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-36-3497
17. INFORMANT AND ADDRESS Alice Hickey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-15-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE THEREOF 8-16-54 NAME OF CEMETERY OR CREMATORY Evergreen LOCATION (City, town, or county) Erwin, Tenn. (State)

DATE REC'D BY LOCAL REG. 8/16/54 REGISTRAR'S SIGNATURE Bessie Mc[illegible] 24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

07655 217

7680 **CERTIFICATE OF DEATH**

Reg. Dist. No. 191

1. PLACE OF DEATH:
COUNTY Montgomery Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Olney, md
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen'l Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural. Highland, md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) Gordon (Last) Hobbs
4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1954
5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): m
8. DATE OF BIRTH: 10-6-86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Tavern Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country). Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Asbury P. Hobbs
14. MOTHER'S MAIDEN NAME: Monelia Dorsey
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Susie Hobbs (wife) Highland, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchogenic carcinoma left lung with metastases to brain — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953, to Aug 1954, that I last saw the deceased alive on Aug 18, 1954, and that death occurred at 11:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 8-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 8/21/54 NAME OF CEMETERY OR CREMATORY St MARKS LOCATION (City, town, or county) HIGHLAND (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-28-54 REGISTRAR'S SIGNATURE John B. Lingham Pu. B.E.C.
24. FUNERAL DIRECTOR F.C. Higenbottom ADDRESS Ellicott City

Gertrude Lawler

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7681 07656

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Hampshire
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Northampton
STREET ADDRESS (If rural give location) 54 Belmont Ave.

3. NAME OF DECEASED: (Type or Print) (First) Forrest (Middle) George (Last) Holt

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 24 August 1927

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months 11 Days 18 IF UNDER 24 HRS. Hours ---- Min. ----

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Hartford, Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius W. Holt

14. MOTHER'S MAIDEN NAME: Margaret Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: The Medical Record The Clinical Center.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metastatic carcinoma to the lungs, brain, retroperitoneal tissue and kidney

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Seminoma and teratocarcinoma with chorio-carcinomatous elements DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Melena, etiology undetermined

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ----

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 7-21-54, 19 , to 8-12 , 1954, that I last saw the deceased alive on Aug. 12, 19 54 and that death occurred at 6:45A M, from the causes and on the date stated above.

SIGNATURE D. Kennard Hall, M. D. ADDRESS Clinical Center Bethesda, Md. DATE SIGNED Aug. 12, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-transit DATE THEREOF 8/12/1954 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Northampton Mass.

DATE REC'D BY LOCAL REGISTRAR 8/14/54 REGISTRAR'S SIGNATURE Fern M. Thompson 24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
AUG 16 1954
BUREAU, V. S.

7682 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07657

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5732 Bradley + Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5732 Bradley Blvd.

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) L (Last) Hoyt

4. DATE OF DEATH: (Month) Aug (Day) 16 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-27-59

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hoyt

14. MOTHER'S MAIDEN NAME: Cynthia Cabbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John McCarthy 5732 Bradley Blvd Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac failure	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exhaustion	3 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas J. Bonaventure MD Gaithersburg Md 8-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 21 Aug 54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland, MD (State)

DATE REC'D BY LOCAL REG. 8/17/54 — REGISTRAR'S SIGNATURE Theresa Ridgely

24. FUNERAL DIRECTOR — ADDRESS Joseph Gawler's Sons 1754 Penna Ave N.W. Wash. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7683 07658

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 mo. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Foundation Sharon nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 471
STREET ADDRESS (If rural give location) 1921 R. I. ave. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Max (Middle) (Last) Hubscher

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 19, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vienna Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alois Hubscher
14. MOTHER'S MAIDEN NAME: Therese Bauer District of Col. Wife

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Anna Hubscher - 1921 R. I. ave. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

231X

Immediate cause (a) Intracranial Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Secondary Paralysis + Coma DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1954, to 8-7-, 1954 that I last saw the deceased alive on 8-7, 1954, and that death occurred at 9.50 P.M., from the causes and on the date stated above.

SIGNATURE John Basley (Degree or title) Ziegler M.D. ADDRESS Olney, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-8-54 NAME OF CEMETERY OR CREMATORY Wash D C Cedar Hill LOCATION (City, town, or county) Wash D C (State)

DATE REC'D BY LOCAL REGISTRAR 8-7-54 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR W. R. Huntsman & Son ADDRESS 5932 Galen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1954
BUREAU V. S.

Film#G169 Item# 14
8/18/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07659

7684 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 6-22-54-8/10/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens, Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D C
STREET ADDRESS (If rural give location) 236 Farragut St. Apt 103

3. NAME OF DECEASED: (Type or Print) (First) ANNA — (Middle) M — (Last) JAMES

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 11 1874

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Smith

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. SAM. Nichols

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebro vascular accident — 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 10+ years
DUE TO (c) arteriosclerosis. — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1954, to 8/10, 1954, that I last saw the deceased alive on 8/7, 1954, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Albert G. Eger M.D. — 1801 Eye St. N.W. Wash., D.C. — Aug. 10, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/13/1954 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem. — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-11-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR — ADDRESS
The W. H. Speir Co. 2701-14th St. NW Wash. D.C.

VS. A15

1954

BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 4 Film G169 9-3-54 et

1. PLACE OF DEATH — COUNTY: Monty Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md
STREET ADDRESS (If rural, give location): 10146 Southerland Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Elizabeth Winters Johnson
4. DATE OF DEATH (Month) (Day) (Year): Aug 1 24 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: 8-4-1865
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: H W
11. BIRTHPLACE (State or foreign country): D. C
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Silas Trunnell
14. MOTHER'S MAIDEN NAME: Elizabeth Robbins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Hiram Johnson Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 5-6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 2.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 24 Aug, 1954, that I last saw the deceased alive on 12 Aug, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: William D. Aud (Degree or title) MD — ADDRESS: Silver Spring, Md — DATE SIGNED: 8/24/54

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 8-27-54 — NAME OF CEMETERY OR CREMATORY: Arlington Mall — LOCATION (City, town, or county) (State): Arl Va

DATE REC'D BY LOCAL REG.: 8/24/54 — REGISTRAR'S SIGNATURE: Frances Fitter — 24. FUNERAL DIRECTOR: W R Huntemann & Son — ADDRESS: 5732 Ha Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible]ct age is especially important. Physicians: please write the causes of death clearly [illegible]d legibly.

VS. A15

RECEIVED
AUG 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07661

7627

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 Fleetwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 320 Fleetwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas H (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 26, 1871

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Georgia Johnson 320 Fleetwood Ave Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia Anuria Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Anemia, Pernicious Anemia

(C) DUE TO Pulmonary Tuberculosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954, to Aug. 3, 1954, that I last saw the deceased alive on Aug. 2, 1954, and that death occurred at 7:29 P.M., from the causes and on the date stated above.

SIGNATURE Webster Sewell M. D. ADDRESS Norbeck Silver Spring DATE SIGNED 8.6.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-6-54

NAME OF CEMETERY OR CREMATORY Lincoln Park,

LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REGISTRAR August 6, 1954

REGISTRAR'S SIGNATURE Dorothy M. Jacobsen

23. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

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AUG 9
Law Library

Item 18 Film G169 8-20-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07662

7686 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 70 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: District of Columbia
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5112 44th St N.W.,

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Robert (Last) JORGENSEN

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 26 1952
9. AGE last birthday 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B KIND OF BUSINESS OR INDUSTRY: None
11 BIRTHPLACE (State or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert M JORGENSEN
14. MOTHER'S MAIDEN NAME: Ruth MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT & ADDRESS: Mother: Mrs. Ruth JORGENSEN 5112 44th St., Washington, D.C. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180 X

IMMEDIATE CAUSE (A) Embryonal Adenosarcoma with omental metastases

ANTECEDENT CAUSE (B) DUE TO (Wilm's tumor of rt. kidney. Kidney was removed in June, 1953)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 14 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-54, 19 , to 9 Aug, 19 54, that I last saw the deceased alive on 9 August, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE D.J. Pascoe D.J. Pascoe LT MC USN
ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Md.
DATE SIGNED 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11 August 1954
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 11 Aug 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home 7557 Wisconsin Ave., Bethesda, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1

AUG 1?
BUREAU U. S.

Coroner called - released - Hse Physician

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07663

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park — LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Arlington
STREET ADDRESS (If rural, give location) 633 N. Tazewell St.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Carolina (Last) Keiter.

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1-1-1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Philadelphia Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Ganz.

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Daughter. S.S. Md. Delores C. Inhoff - 8412 Ramsey Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr 15 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Jaundiced at death

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1954, to 8/16, 1954, that I last saw the deceased alive on 8/14, 1954, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

J. Stout M.D. 10011 Georgia ave Silver Spring Md 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF Aug 16, 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Aug 18 1954 — REGISTRAR'S SIGNATURE J. Milton Nold

24. FUNERAL DIRECTOR — ADDRESS

Fitzgerald Funeral Home Arlington-Va. By P. Brown

RECEIVED
AUG 20 1954
BUREAU V. S.

Item 18 Film G169 9-9-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07664

7687 CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 810 Silver Spring Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 810 Silver Spring Avenue

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Ruth (Last) Kennedy

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 23, 1933

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none - Schoolgirl

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Silver Spring, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard M. Kennedy

14. MOTHER'S MAIDEN NAME: Louise D. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Richard M. Kennedy, 810 Silver Spring Avenue, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pulmonary congestion and terminal Cardiac Failure	24 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Dermatomyositis	8 yrs.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to 8/29, 1954 that I last saw the deceased alive on 8/29, 1954, and that death occurred at 2 P. M. from the causes and on the date stated above.

SIGNATURE Merrill M. Cross M. D. ADDRESS 824 Georgia ave. Silver Spring, Md. DATE SIGNED 8/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug. 31, 1954

NAME OF CEMETERY OR CREMATORY: George Washington Mem. Cemetery

LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-30-54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave, Silver Spring, Md.

7688

07665

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place) 43 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Cedar Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) 17 Cedar Avenue

3. NAME OF DECEASED (Type or Print): (First) Marian (Middle) Isiah (Last) King

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 13 1889

9. AGE last birthday: 64 yrs. If under 1 year: Months 9, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Coal Yard

11. BIRTHPLACE (State or foreign country): Clarksville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. King

14. MOTHER'S MAIDEN NAME: Margaret A Towns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY No. 705-07-4583

17. INFORMANT AND ADDRESS: Gertrude E. King, 17 Cedar Ave, Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary — Interval Between Onset and Death: ½ hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac ochosis with anginal attacks — 5-6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1948, to Aug 3, 1954, that I last saw the deceased alive on ....., 19..., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C Miller M.D. — ADDRESS 7 Brookside, Gaithersburg, Md — DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8-6-54 — NAME OF CEMETERY OR CREMATORY Poplar Spring — LOCATION (City, town, or county) (State) Poplar Spring Md

DATE REC'D BY LOCAL REG. Aug 5, 1954 — REGISTRAR'S SIGNATURE Amanda L Cooke

24. FUNERAL DIRECTOR Ernest C. Gaithers — ADDRESS Gaithersburg Md

AUG 3 1 3
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7689 07666

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Film G169 Item 9 9-1-54 et

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 4 mile
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Silver Springs
STREET ADDRESS (If rural give location) 9511 Biltmore Drive Silver Spr. Md.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) King

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: Oct. 28, 1873 | 9. AGE last birthday: 80 8/11 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) meat cutter | 10b. KIND OF BUSINESS OR INDUSTRY: Retail store | 11. BIRTHPLACE (State or foreign country): Annapolis Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George King | 14. MOTHER'S MAIDEN NAME: Rebecca Divel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 9511 Biltmore Dr Mr Chas. A Gable Sil. Spr. Md. Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac arrest

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gen. arteriosclerosis, Senility
DUE TO (c) + Debilitation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1954, to Aug 19, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Bosley Ziegler M.D. | ADDRESS Olney Md | DATE SIGNED Aug 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF August 21, 1954 | NAME OF CEMETERY OR CREMATORY St. Anne's Cemetery | LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR August 20, 1954 | REGISTRAR'S SIGNATURE Gertrude B Lawler Aug 23-54

24. FUNERAL DIRECTOR ADDRESS Ben L. Hopping and Son Annapolis, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1931
BUREAU V. S.

7613

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07667

Items 3,8,9: film G169 9-14-54

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9904 Sutherland Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) LONDON (Last) KING
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: April 17 1118 1114 '75
9. AGE last birthday 79 80 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: (Printing. Retired)
11. BIRTHPLACE (State or foreign country): Winston Salem, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Mary~~ Turner King
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Virginia K. Woolard, 9904 Sutherland Rd. S.S.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Arteriosclerotic Gangrene of Right Leg.	6 wks.
DUE TO (B)	Old unhealed fracture Left Hip.	3 yrs
DUE TO (C)	Advanced Generalized arteriosclerosis	10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tr. fill 6 wks ago pers in bed Gangrene developed in Right foot ankle leg & thigh.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953 to August 30, 1954, that I last saw the deceased alive on 8-30 1954, and that death occurred at 6.54 P M, from the causes and on the date stated above.

SIGNATURE Kenneth Baughlin MD
ADDRESS 924 Ellsworth Dr. Silver Spring
DATE SIGNED 8-30-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept. 1. 1954
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County. Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug. 30-1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. N.W. L.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07668

7690

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Arlington COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Virginia
STREET ADDRESS (If rural give location) 837 South Frederick

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) KLECK
4. DATE OF DEATH: (Month) August (Day) 4 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 7-30-54
9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William KLECK
14. MOTHER'S MAIDEN NAME: Mary Elizabeth REYNOLDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT'S ADDRESS: Father William KLECK 837 S Frederick St Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Brain Damage DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 6 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 19 54 to 4 Aug, 19 54 that I last saw the deceased alive on 4 Aug, 19 54, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE M S Allen ADDRESS M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9 Aug 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5 Aug 1954
REGISTRAR'S SIGNATURE: Mary C Connelly
24. FUNERAL DIRECTOR: Fitzgerald Funeral Home
ADDRESS: 3245 Wilson Blvd Arlington, Virginia

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VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1954
BUREAU V. S.

Written permission rec'd from both parents [signature] M.R.L.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07669

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7614 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4937 - 38th Ave.

3. NAME OF DECEASED: (Type or Print) (~~First~~) (Middle) (~~Last~~) Kolmaister,

4. DATE OF DEATH: (Month) (Day) (Year) Aug 31 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 29, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours 4 Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. San. & Hosp. - Tk. Pk. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kolmaister, Simon F.
14. MOTHER'S MAIDEN NAME: Richter, Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) - Respiratory Failure due to atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity - 33 weeks. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1954, to 8/31, 1954, that I last saw the deceased alive on 8/31, 1954, and that death occurred at 4:17 P.M., from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson
ADDRESS M.D. 7896 Ga. Ave. Silver Spring, Md.
DATE SIGNED 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 9-3-54
NAME OF CEMETERY OR CREMATORY Washington San. & Hospital
LOCATION (City, town, or county) (State) Takoma Park 12, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 3-1954 2084282333
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Hare, M.D. Wash. San. & Hosp
ADDRESS

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07670

7691 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 126 Military Rd., N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Edith G. Krautler
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 1, 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct. 10, 1893
9. AGE last birthday: 60 yrs. If under 1 year: Months --- Days ---- If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Metcalf
14. MOTHER'S MAIDEN NAME: Alzie Wall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral pleural effusion
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinomatosis of mediastinum
DUE TO
(c) Metastatic mammary adenocarcinoma.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, etiology undetermined

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION - -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ ---
HOW DID INJURY OCCUR? - -

22. I hereby certify that I attended the deceased from July 8, 1954, to Aug. 1, 1954, that I last saw the deceased alive on Aug. 1, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE Montague Lane (Degree or title) M. D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED Aug. 1 '54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-1-54 NAME OF CEMETERY OR CREMATORY Washington D C LOCATION (City, town, or county) Washington D C (State)

DATE REC'D BY LOCAL REGISTRAR 8/2/54 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Neal Funeral Home ADDRESS 4812 Ga Ave Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7692

2411 N. Charles Street, Baltimore

07671

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Monta MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolsville Rural
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Monta
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
STREET ADDRESS (If rural give location) Lee St.

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) Adelaide (Last) Lamb

4. DATE OF DEATH (Month) 8 (Day) 12 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 8 1883
9. AGE last birthday 70 yrs. If under 1 year Months 11 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home work
11. BIRTHPLACE (State or foreign country) Salsbury Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph R Briscoll
14. MOTHER'S MAIDEN NAME Annie Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs John Hines Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Cardiovascular Disease	5 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1954, to 12 Aug, 1954, that I last saw the deceased alive on 12 Aug, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Gordon M. Smith (Degree or title) M.D ADDRESS Barnesville DATE SIGNED 12 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-15-54
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Delmar (State) Delaware

DATE REC'D BY LOCAL REG. 8-12-54
REGISTRAR'S SIGNATURE Charles W Elgin per DJE
24. FUNERAL DIRECTOR W.S. Morvil Co. ADDRESS Delmar Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 20 1954
BUREAU V. S.

7693

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07672

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12326 Middle Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12326 Middle Lane

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) SAMUEL (Last) LE HARDY
4. DATE OF DEATH (Month) AUGUST (Day) 8, (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 5, 1897.
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXI DRIVER
10b. KIND OF BUSINESS OR INDUSTRY GEN CAB INDUSTRY
11. BIRTHPLACE (State or foreign country) HAWTHORNE, PUTNAM Co., FLORIDA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHAS. A. LEHARDY
14. MOTHER'S MAIDEN NAME AMELIA KENNERLY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY No. 413-14-3041.
17. INFORMANT AND ADDRESS ADALYN N. LEHARDY, 12,326 MIDDLE Rd., SILVER SPRING, MD. VIERS MILL VILLAGE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 10:15 AM.

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 11, 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Arthur S. Vallers, 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07673

7694 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL, NNMC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Ann Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) J. (Last) LIDDY

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 23 May 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife: Mrs. Mary E. LIDDY, Shady Side, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Septicemia,

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) organism not known.

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 6 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 July, 19 54, to 3 August, 19 54, that I last saw the deceased alive on 3 August, 19 54, and that death occurred at 5:17 PM, from the causes and on the date stated above.

SIGNATURE M. E. Flipse

ADDRESS M. E. FLIPSE JR. LT MC USN U.S. NAVAL HOSPITAL, NNMC, BETHESDA, MARYLAND

DATE SIGNED 8-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 6August 1954

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 8/6/54

REGISTRAR'S SIGNATURE Mary E. Donnelly

24. FUNERAL DIRECTOR AND ADDRESS Washington, D.C. LEE Funeral Home 4th and Mass. Ave NE

RECEIVED
AUG 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07674

7695 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendship Nursing Home 5520 - Wisc. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 5902 - Dalecarlia Pl., N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) GROVES (Last) LOFTIN

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hwf
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Columbia, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Lorick Cotton
14. MOTHER'S MAIDEN NAME: Alice Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Anne Jackson, daughter 5902 - Dalecarlia Pl., N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Cardiac standstill	—
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	gen. debilitation	2 mos
	(c)	metastatic cancer	4 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to 13 Aug, 1954, that I last saw the deceased alive on 11 Aug, 1954, and that death occurred at 8:35 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Martha Grosack, M.D. ADDRESS 8/13/54 900-17, N.W. DATE SIGNED 8/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 8-14-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) COLUMBIA, TENN.

DATE REC'D BY LOCAL REGISTRAR 8/14/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W. W. CHAMBERS CO ADDRESS WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07675

7696 **CERTIFICATE OF DEATH**

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7814 Glenbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 7814 Glenbrook Road

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) S. (Last) LOMBARD

4. DATE OF DEATH: (Month) August (Day) 8, (Year) 1954

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 9, 1907
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months: 1 Days: 7 IF UNDER 24 HRS. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. G. Swindell
14. MOTHER'S MAIDEN NAME: ? Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: [illegible] Burford-[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 Years

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: [illegible] — [illegible]

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954 to [illegible], 1954, that I last saw the deceased alive on [illegible], 1954, and that death occurred at [illegible] M, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY): [illegible] DATE THEREOF [illegible]-54 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) Georgia

DATE REC'D BY LOCAL REGISTRAR 8/9/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert A. Dunphey ADDRESS [illegible]

RECEIVED
AUG 11 1954
BUREAU

07676

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

7697 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2315 Plyers Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2315 Plyers Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Louise (Last) LOVELAND

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/12/1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months 6 Days 12 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lester Houser
14. MOTHER'S MAIDEN NAME: Sally Packston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Glendon R. Loveland-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Pulmonary Fibrosis & Emphysema with Cysts Chronic
DUE TO
(B) Sarcoidosis
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 72 Hrs. 8 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to Aug 10, 1954, that I last saw the deceased alive on 9-10, 1954, and that death occurred at 9:45 M, from the causes and on the date stated above.

SIGNATURE P. P. Andrews M. D. ADDRESS Washington 4201 Fessenden St. N.W. DATE SIGNED 9-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-13-54
NAME OF CEMETERY OR CREMATORY: St. Zion
LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-11-54
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
AUG 16 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07677

7698 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1 PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5819 Greenlawn Drive

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) MACKIE "A"

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 8-7-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 2 Min. 56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert W. MACKIE
14. MOTHER'S MAIDEN NAME: Lidie Mc Whinney SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father: Mr. Robert W. MACKIE 5819 Greenlawn Drive, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug..., 19..54 to ..7. Aug ., 19 54 that I last saw the deceased alive on 7 Aug....., 1954 ., and that death occurred at 6:30P M, from the causes and on the date stated above.

SIGNATURE D. W. PASCOE LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 8-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 10 Aug 1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: 9 Aug 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

RECEIVED
AUG 10
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07678

7699 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 5819 Greenlawn Drive

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) MACKIE "B"

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-7-54

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 3 / Min. 49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert W. MACKIE

14. MOTHER'S MAIDEN NAME: Lidie Mc Whinney SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Mr. Robert W. MACKIE, 5819 Greenlawn Drive, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 776X

(A) DUE TO: Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs 49 min.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1954 to 7 Aug., 1954, that I last saw the deceased alive on 7 Aug, 1954, and that death occurred at 7:45P M, from the causes and on the date stated above.

SIGNATURE: D. J. Pascoe — ADDRESS: LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 8-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

DATE THEREOF: 10 Aug 1954

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: 9 Aug 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home — ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
AUG 10 1954
BUREAU V. S.

Item 18 Film G169 9-10-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(17681)

7700

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5802 Kirkwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Eugene (Last) Maultsby

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: March 8, 1876
9. AGE last birthday 78 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired A.T.&T. Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Asheville, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Maultsby
14. MOTHER'S MAIDEN NAME: Ellen Cryer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Irene B. Conyee - Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) Portal Cirrhosis - Ascites — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (a) Intestinal Obstruction - gangrene
(B) DUE TO Metastatic Lymphosarcoma
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lymphosarcoma, Abdominal

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 19 54, to 8/31, 19 54, that I last saw the deceased alive on 8/28, 19 54, and that death occurred at 4:45 P.M., from the causes and on the date stated above.
SIGNATURE Barbara Montross M. D. ADDRESS 7943 Woodmont Ave DATE SIGNED 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit
DATE THEREOF 9-30-54
NAME OF CEMETERY OR CREMATORY Fayetteville
LOCATION (City, town, or county) (State) Fayetteville, N. Carolina

DATE REC'D BY LOCAL REGISTRAR 9/1/54
REGISTRAR'S SIGNATURE Bessie M. Thornton
24. FUNERAL DIRECTOR Roberta Pumphrey, Beth., Md. ADDRESS

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07681

7701 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Prince William
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manassas
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) G. (Last) Mayhugh

4. DATE OF DEATH: (Month) (Day) (Year) August 13 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7 March 1938

9. AGE last birthday: 16 yrs
IF UNDER 1 YEAR: Months ---- Days ----
IF UNDER 24 HRS: Hours ---- Min. ----

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mason Mayhugh

14. MOTHER'S MAIDEN NAME: Ruby Woodyard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: The Medical Record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hodgkin's disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ---- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 7-29 ..., 1954 to 8-13 ..., 1954, that I last saw the deceased alive on 8-13-54 ..., 19 ....., and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Montague Lane, M.D. ADDRESS Bethesda, Md. DATE SIGNED 8-13-54

M. D. The Clinical Center

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF Aug 13 1954
NAME OF CEMETERY OR CREMATORY Baker & Son Funeral Home
LOCATION (City, town, or county) (State) Manassas, Va.

DATE REC'D BY LOCAL REGISTRAR 8/14/54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Reg. D. Baker & Son
ADDRESS Manassas, Va

RECEIVED
AUG 16 1954
BUREAU V. S.

7702 MARYLAND STATE DEPARTMENT OF HEALTH 07682

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Blair Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, DC
STREET ADDRESS (If rural, give location) 816 N. St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) F (Last) Mayo

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1954

5. SEX Male ~~Negro~~
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 12, 1912
9. AGE last birthday 42 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbia, S.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Mayo
14. MOTHER'S MAIDEN NAME Nellie Bell Mayo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Would (If yes, give war or dates of service) War II
16. SOCIAL SECURITY No. 578-18-9216
17. INFORMANT AND ADDRESS Elizabeth Mayo - E. 3114 - 106 St. Elmhurst L.I. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8.7.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-19-54
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Arlington Nat. Cemetery, Arlington, Va. (State)
DATE REC'D BY LOCAL REG. 8-18-54
REGISTRAR'S SIGNATURE Frances
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07683

CERTIFICATE OF DEATH

7703

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 13 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7205 Oakridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 7205 Oakridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) L. (Last) McAGHON

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 16, 1884
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Pub.Health-Chg. Maintenance
11. BIRTHPLACE (State or foreign country): Newark, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Nellie J. McAghon-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION, ACUTE — 4-5 days

ANTECEDENT CAUSE (S) DUE TO (B) CORONARY OCCLUSION — "

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ARTERIOSCEROTIC HEART DISEASE — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/1954, to 8/21, 1954 that I last saw the deceased alive on 8/21, 1954, and that death occurred at 12 A.M., from the causes and on the date stated above.

SIGNATURE Charles J. Savarese Jr. M.D. ADDRESS 8016 Old G'town Rd. DATE SIGNED 8/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/24/1954
NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery
LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/24/54
REGISTRAR'S SIGNATURE: Bessie M. Shoemaker
24. FUNERAL DIRECTOR: Roberts A. Pumphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 23 1954
BUREAU V. S.

MARYLAND 7704

07684

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 102 Summerfield Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F. (Last) McCambridge

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2, 1890

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Joseph McCambridge

14. MOTHER'S MAIDEN NAME: Catherine Kenny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Olga McCambridge 102 Summerfield Road, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis, Acute Anterior Myocardial Infarction — Interval between onset and death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Atherosclerosis, Marked — Indefinite

(c) Essential Hypertension — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to Aug 28, 1954, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Finnegan, Md — ADDRESS 1746-K St. N.W. — DATE SIGNED Aug 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 9/1/54 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 8/30/54 — REGISTRAR'S SIGNATURE Bessie M. Lawrence

24. FUNERAL DIRECTOR The S.H. Hines Co. — ADDRESS 2901-14 th St. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07685

7705 CERTIFICATE OF DEATH Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Covesville
MARYLAND LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxboro (Pa)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) C (Last) McClenaghan

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: June 17-1867 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Clugsten

14. MOTHER'S MAIDEN NAME: Catherine Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: - | 17. INFORMANT & ADDRESS: Nursing Home Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Pernicious anemia DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 16 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to August 10, 1954, that I last saw the deceased alive on Aug 8, 1954, and that death occurred at 2:20 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Aaron H. Traum M.D. 8237 Georgia Ave Silver Spring Md Aug 10 1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8/11/54 | NAME OF CEMETERY OR CREMATORY Leverington Cem | LOCATION (City, town, or county) Philadelphia (State) Penna

DATE REC'D BY LOCAL REGISTRAR Aug 10-1954 | REGISTRAR'S SIGNATURE Frances Fuller | 24. FUNERAL DIRECTOR ADDRESS The D. A. Hines Co. 2901-14th St. N.W. Washington, D.C.

VS. A15

RECEIVED
AUG 16 1...
BUREAU V. S.

MARYLAND 7706 07686

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 days - 10½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Travilah
STREET ADDRESS (If rural, give location) Gaithersburg, Rt. 3

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) R. (Last) McCrossin

4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 26 1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Self Emp.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph McCrossin
14. MOTHER'S MAIDEN NAME Louise Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles F. McCrossin 6526-17th Place Tv. Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastro Intestinal Hemorrhage — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug, 1954 to 31 Aug, 1954, that I last saw the deceased alive on 30 Aug, 1954, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Gaithersburg Md DATE SIGNED 3 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 9-3-54
NAME OF CEMETERY OR CREMATORY Darnestown Church Cem.
LOCATION (City, town, or county) (State) Darnestown, Md.

DATE REC'D BY LOCAL REG. 9/3/54
REGISTRAR'S SIGNATURE Bessie M. Thompson per IBH
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
SEP 7 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yorktown Cottage
LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4809 Jamestown Rd Washington D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yorktown Cottage
STREET ADDRESS (If rural, give location) 4809 Jamestown Rd Washington D.C.

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) Ellen (Last) Menefee

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-6-1870
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas M Kemp
14. MOTHER'S MAIDEN NAME Eliz Kibler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Louise A. Menefee Dawson Ill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-22-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 24, 1954
NAME OF CEMETERY OR CREMATORY Kemp Family Cemetery
LOCATION (City, town, or county) Luray, Va. (State)

DATE REC'D BY LOCAL REG. 8/23/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hagerstown

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 23 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—10-53

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkland Village
STREET ADDRESS (If rural give location): 5519 Parkland Court

3. NAME OF DECEASED: (First) Daisy (Middle) Margaret (Last) MILLER

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-16-89

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Marion CURTAIN

14. MOTHER'S MAIDEN NAME: Rachael CURTAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Husband Mr. William J. MILLER 5519 Parkland Ct Parkland Vlge Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Infarction of myocardium	38 days
ANTECEDENT CAUSE (B) DUE TO	Arteriosclerotic heart disease	5 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 June, 1954, to 2 Aug., 1954, that I last saw the deceased alive on 2 Aug, 1954, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE: R. O. Peckinpaugh — ADDRESS: R. O. PECKINPAUGH LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 8-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 Aug 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 3 Aug 1954

REGISTRAR'S SIGNATURE: Mary E. Donnelly

24. FUNERAL DIRECTOR: Chambers Funeral Home — ADDRESS: 517 11th St S.E. Washington, D.C.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 W 07689

CERTIFICATE OF DEATH

7709

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
LENGTH OF STAY (in this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: Frank (Middle): (N) (Last): Mitchell

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Ca

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: March 5,1888

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mitchell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No. Unknown

17. INFORMANT & ADDRESS: Balt. Md. Mrs. Claude Costello 2709 West Belvedere

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Metastatic replacement by tumor — 3 years

(C) Metastasis of Carcinoma of Urinary Bladder

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acromegaly

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jul, 1954 to 3 Aug, 1954, that I last saw the deceased alive on 3 Aug, 1954, and that death occurred at 7:35A M, from the causes and on the date stated above.

SIGNATURE P.C. Bamburg Lt MC USN — ADDRESS P. C. BAMBURG LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED Aug 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6 Aug 1954 — NAME OF CEMETERY OR CREMATORY National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 5 Aug 1954 — REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR Byers Loring Funeral Home — ADDRESS 5005 Park Heights, Baltimore, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

7628

Reg. Dist. No. ~~276~~

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place) 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHESTNUT LODGE SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ILLINOIS COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HUBBARD WOODS
STREET ADDRESS (If rural give location) 100 Greenbay Road

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) W. (Last) Moore, JR.
4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB. 19, 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Business
10b. KIND OF BUSINESS OR INDUSTRY: RETAIL SALES
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Philip W. Moore
14. MOTHER'S MAIDEN NAME: CAROLINE DANIELS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: UNKNOWN
17. INFORMANT & ADDRESS: Philip W. Moore, Sr. - Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Decompensation
DUE TO

(c)

Interval Between Onset And Death: UNKNOWN (LESS THAN 6 HOURS) 2 MONTHS OR MORE

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Mild) Hypertensive Card.-VASC. DISEASE 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Aug. 8, 1954, that I last saw the deceased alive on Aug. 7, 1954, and that death occurred at Approx. 6-8 AM, from the causes and on the date stated above.

SIGNATURE John P. Fort (Degree or title) M.D. ADDRESS Chestnut Lodge Rockville, Md. DATE SIGNED Aug. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF -1-54
NAME OF CEMETERY OR CREMATORY Sour Mill
LOCATION (City, town or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR August 10, 1954
REGISTRAR'S SIGNATURE Dorothy M. Jacobson
24. FUNERAL DIRECTOR Robert H. Humphrey
ADDRESS [illegible], Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7710 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Illinois COUNTY Jackson
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkville
STREET ADDRESS (If rural give location) R.R. # 2

3. NAME OF DECEASED: (Type or Print) (First) Silas (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 28 Dec. 1889
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal miner(retired)
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Morgan
14. MOTHER'S MAIDEN NAME: Shelton Bazey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 930-76-064
17. INFORMANT & ADDRESS: The Medical Record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Histoplasmosis, generalized
DUE TO
ANTECEDENT CAUSE (B) Histoplasma capsulatum
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ----- --

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ---- M.
21E. INJURY OCCURRED While at work [ ] Not while [ ]
21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 7-26- , 1954, to 8-12 , 1954, that I last saw the deceased alive on August 12 1954, and that death occurred at 12 midnight M, from the causes and on the date stated above.

SIGNATURE Norman B. McCullough M. D. ADDRESS Clinical Center DATE SIGNED 8-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/12/54
NAME OF CEMETERY OR CREMATORY De Soto Cemetery
LOCATION (City, town, or county) (State) Desoto Illinois

DATE REC'D BY LOCAL REGISTRAR 8/14/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S H Hines Co
ADDRESS 2901 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 16 1954
BUREAU V. S.

7711 MARYLAND STATE DEPARTMENT OF HEALTH

07692

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3216 Leland Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3216 Leland Street

3. NAME OF DECEASED (Type or Print) (First) Kostka (Middle) NMI (Last) Mudd
4. DATE OF DEATH (Month) (Day) (Year) August 29, 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-13-1889
9. AGE last birthday 64 yrs. If under 1 year Months 11 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Topographical Eng.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Mudd
14. MOTHER'S MAIDEN NAME Jennie Mudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Irma H. Mudd- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-29-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-2-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8/30/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Cumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07693

7615 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: 1
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8627 - Piney Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Massachusetts COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worcester
STREET ADDRESS (If rural give location) 835 Main Street.

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) June (Last) Mundy

4. DATE OF DEATH (Month) August (Day) 1 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 25 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sheffield England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Hardy
14. MOTHER'S MAIDEN NAME: Mary Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Frank McCarty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis (Massive sudden)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized advanced arteriosclerosis

DUE TO (c) Marked Secondary Microcytic anemia

Interval Between Onset And Death: 10 yrs. 4 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953, to Aug 1, 1954, that I last saw the deceased alive on 8-1 1954, and that death occurred at 4:03 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth B. Loughlin D.M.D. ADDRESS 934 Ellsworth Dr. Silver Spring Md DATE SIGNED 8-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremat - Burial DATE THEREOF Aug. 5-1954 NAME OF CEMETERY OR CREMATORY Hope Cemetery LOCATION (City, town, or county) Worcester (State) Mass.

DATE REC'D BY LOCAL REGISTRAR Aug 1st 1954 REGISTRAR'S SIGNATURE J. Wilson Todd

24. FUNERAL DIRECTOR Arthur S. Walters ADDRESS 254 Carroll St. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07694

7712 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Nester

4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3/26/16
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Acie Hamlin
14. MOTHER'S MAIDEN NAME: Eliza Mae Duram

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 231-24-2645
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Melanosarcoma to abdomen — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Melanosarcoma of skin of leg, rt. — 6 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/8/54
19b. MAJOR FINDINGS OF OPERATION Malignant melanoma, metastatic, right inguinal lymph node.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 8/17/54, 19.., that I last saw the deceased alive on 8/17/54, 19....., and that death occurred at 10:48 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Sandy Spring, Md DATE SIGNED 8/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF AUG 19 54
NAME OF CEMETERY OR CREMATORY Junior Buttonwillow
LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-19-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber Buttonwillow Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07695

7713 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OLNEY
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GEN'L HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE FLORIDA COUNTY ORANGE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ORLANDO
STREET ADDRESS (If rural give location) 1421 E. WASHINGTON STREET

3. NAME OF DECEASED: (Type or Print) (First) CHARLOTTE (Middle) MAUDE (Last) NICHOLS
4. DATE OF DEATH: (Month) AUG (Day) 1 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 8-17-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES RUNDLE
14. MOTHER'S MAIDEN NAME: NELLIE GLEASON
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: EARL WHITE, ELLICOTT CITY, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE CARDIAC FAILURE — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE WITH — 3 mos.
DUE TO CORONARY INSUFFICIENCY
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 24, 1954, to AUG 1, 1954, that I last saw the deceased alive on AUG 1, 1954, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D.
ADDRESS Clarksville, Md.
DATE SIGNED 8/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Aug 12-1954
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) JANESVILLE (State) Wis.
DATE REC'D BY LOCAL REGISTRAR 8-3-54
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR F.C. Higinbotham
ADDRESS Ellicott City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07696

7714 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bethesda; LENGTH OF STAY (in this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 516 "A" St., S.E.

3. NAME OF DECEASED: (First) John (Middle) (n) (Last) O'CONNELL

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 27 Nov. 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10B. KIND OF BUSINESS OR INDUSTRY: Police

11. BIRTHPLACE (State or foreign country): Iron Mountain, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick Henry O'CONNELL

14. MOTHER'S MAIDEN NAME: Mary McKeough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Daughter: Mary A. HEPBURN, 6006 Conway Rd., Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Adenocarcinoma, Stomach with metastases

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 3 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 7-29-54

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, Stomach with metastases, liver.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1954, to 27 Aug, 1954, that I last saw the deceased alive on 27 Aug, 1954, and that death occurred at 7:20P M, from the causes and on the date stated above.

SIGNATURE D. J. WILLIAMS JR CDR MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 30 Aug 1954; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 30 Aug 1954; REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR J.T.RYAN, INC., ADDRESS 317 Pennsylvania Ave. S.E. Washington, D.C.

AUG 1 1
BUREAU V. S.

7715 MARYLAND STATE DEPARTMENT OF HEALTH

07697

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (In this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 431 Diamond Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Paul	OFFUTT	August	23	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	8-26-35	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Airman	Airman	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Paul OFFUTT	Luretta WILT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes Korean	Unknown	Father: Mr. Walter Paul OFFUTT 431 Diamond Ave., Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage due to ruptured — 11 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of Mediastinum Aorta

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	R-27 Cedar Grove	Mont	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
8-12-54 12:24 A m.		Auto accident (passenger)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart FRANK J. BROSCHART, M.D.	Gaithersburg, Maryland	8-24-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	26 Aug 1954	Parklawn Cemetery	Rockville Pike, Rockville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 Aug 1954	Mary C. Farelly	R. A. PUMPHREY Funeral Home	7557 Wisconsin Ave., Bethesda, Maryland

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07698

7716 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown
STREET ADDRESS (If rural give location) Oakcrest

3. NAME OF DECEASED: (Type or Print) (First) Jeffery (Middle) Scott (Last) PARRISH

4. DATE OF DEATH. (Month) August (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-12-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: "J" "D" Parrish

14. MOTHER'S MAIDEN NAME: Wilma B. Boyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father; Oakcrest, Germantown, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Pulmonary Hyaline Membrane	24 hours
ANTECEDENT CAUSE (B)	DUE TO (B) Prematurity	at Birth
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Maternal Diabetes, Severe	" "
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Aug., 1954, to 13 Aug, 1954, that I last saw the deceased alive on 13 Aug, 1954., and that death occurred at 6:05P M, from the causes and on the date stated above.

SIGNATURE T. E. CONE CDR MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-19-54

NAME OF CEMETERY OR CREMATORY Andalusia

LOCATION (City, town, or county) (State) Andalusia, Alabama

DATE REC'D BY LOCAL REGISTRAR 8/17/54

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R.A. PUMPHREY 7557 Wis. Ave. Bethesda, Md.

AUG
DU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07699

7717 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 10409 Montrose Ave., Apt# 202

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Lawrence (Last) PLITMAN

4. DATE OF DEATH. (Month) August (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 25 August 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gerald Ira PLITMAN

14. MOTHER'S MAIDEN NAME: Rae Carch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father: Gerald Ira PLITMAN, 10409 Monrose Ave, Apt 202, Bethesda, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Brain Damage n.e.c. — Since birth

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity — Since birth

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug, 1954 to 27 Aug, 1954, that I last saw the deceased alive on 27 Aug, 1954, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE M. S. ALLEN LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 8-29-54

M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 29 Aug 1954

NAME OF CEMETERY OR CREMATORY King David Memorial Park

LOCATION (City, town, or county) (State) Near Falls Church, Virginia

DATE REC'D BY LOCAL REGISTRAR 29 Aug 1954

REGISTRAR'S SIGNATURE Barry E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS S.DANZANSKY, 3501 14th St.NW, Washington, D.C.

2084.271343

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07700

: 7718 CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Montg Co, MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural. 68yrs

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Milton	Ernest	Reed	Aug	19	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct 12-1885	68 yrs.	10	7		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter & Painter.	Laborer	Montg Co, Md,	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Reed	Hattie Selby

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mrs Evelyn Hubble. Gaithersburg, Md,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cardiac failure	2 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis &	2 yrs
	DUE TO (c) Hypertension	3 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from Jan. 1, 19 54, to Aug. 19, 19 54, that I last saw the deceased alive on Aug. 19, 19 54, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen R. Jones M.D. ADDRESS Rockville Md. DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	8-23-54	ParkLawn	Rockville. Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 21, 1954	Almeda L Cooke	Ernest C. Gartner, Gaithersburg. Md,	

RECEIVED
AUG
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07701

7719

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 730 Farragut St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) (Last) Reiver

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 28 May 1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris Ornstein
14. MOTHER'S MAIDEN NAME: not given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. none given
17. INFORMANT & ADDRESS: Patient and medical, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Widespread metastatic melanoma

ANTECEDENT CAUSE (S) DUE TO involving: Central nervous system, bones, lungs, G.I. tract, lymph nodes, pancreas,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO liver, kidney

(C) Primary: rectum

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: 1-29-53
19B. MAJOR FINDINGS OF OPERATION: Abdominoperineal resection for malignant melanoma
20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.) ---
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1954 to Aug. 24, 1954, that I last saw the deceased alive on Aug. 24, 1954, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE G. Lennox Gold M.D. ADDRESS The Clinical Center Nat'l Inst. of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Aug 25-54 NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem. LOCATION (City, town, or county) Hyattsville Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/25/54 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

Montgomery

Bethesda 7 days
The Clinical Center
Nat'l. Inst. of Health

Susan

D.C.

Washington

730 Farragut St., N.W.

AUG 87

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted], 16

07702

7720 **CERTIFICATE OF DEATH**

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2012 Glen Ross Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [redacted] COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2012 Glen Ross Rd.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) BERTHA ROBINSON REISIDE

4. DATE OF DEATH: (Month) (Day) (Year) August 8, 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Dec. 3, 1889 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William L. Robinson
14. MOTHER'S MAIDEN NAME: Phoebie Hackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: James T. Reside- [illegible] 2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) (1) Multiple Myeloma	2½ years
ANTECEDENT CAUSE (S)	DUE TO (B) (2) Osteoporosis	Undetermined
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) (3) Generalized Arteriosclerosis	Undetermined
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1950, to Aug 8, 1954, that I last saw the deceased alive on Aug 6, 1954, and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE George L. Bell M. D. ADDRESS 7835 Eastern Ave Silver Spring Md DATE SIGNED Aug 10, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): [illegible]
DATE THEREOF: 8-11-54
NAME OF CEMETERY OR CREMATORY: Arlington [illegible]
LOCATION (City, town, or county) (State): [illegible]ington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-10-54
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Robert A. Caughey
ADDRESS: Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07703

7616 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8727 Colesville Rd

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) Ann (Last) Roeder
4. DATE OF DEATH (Month) (Day) (Year) August 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1-8-66
9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Frostburg, Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: John Taylor
14. MOTHER'S MAIDEN NAME: Mary Jeffries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mrs. Helen Cole 106 Lexington Dr. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — 10 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Appendicitis

19A. DATE OF OPERATION: 8-18-54
19B. MAJOR FINDINGS OF OPERATION: Ruptured Appendix
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1954, to 8/18, 1954, that I last saw the deceased alive on 8/18, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE: Lyle [signature] M.D. ADDRESS: 8700 Colesville Rd Silver Sp DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/21/54
NAME OF CEMETERY OR CREMATORY: Union Cemetery
LOCATION (City, town, or county) (State): Rockville, Montgomery Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 25-1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07704

7721

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 732 Tuckerman, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) — (Last) Rose
4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 9 1884
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Watkins
14. MOTHER'S MAIDEN NAME: Sarah Watkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT & ADDRESS: Mrs. Mary Goforth - Wash. D.C. 732 Tuckerman, N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive heart disease c̄ failure — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSE (B) DUE TO (B) Hypertension — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Gastrointestinal hemorrhage — 1 week

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. due to active duodenal ulcer — ? years.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Aug 9, 1954, that I last saw the deceased alive on Aug 8, 1954, and that death occurred at 7:50 A M, from the causes and on the date stated above.

SIGNATURE Dr. Joseph Kenrick
ADDRESS M. D. 6450 Wisconsin Ave, Bethesda, Md.
DATE SIGNED 8/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/11/54
NAME OF CEMETERY OR CREMATORY Beulah Cemetery
LOCATION (City, town, or county) Franconia (State) Va

DATE REC'D BY LOCAL REGISTRAR 8/10/54
REGISTRAR'S SIGNATURE Beverly Shoemaker
24. FUNERAL DIRECTOR W. W. Chambers Co., Wash, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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BUREAU V. S.

07705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7617 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mississippi COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University
STREET ADDRESS (If rural give location) Box 81, University of Mississippi

3. NAME OF DECEASED: (Type or Print) (First) Cecil (Middle) Lyle (Last) Ross
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-21-96
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prof. of education
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Ross
14. MOTHER'S MAIDEN NAME: Adelaide Round

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Massive hemorrhage esophagus — 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Esophageal varices & portal hypertension — 6 mos ±

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma liver pancreas — 1 yr ±

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Gen. Carcinomatosis liver lungs glands — 6 mos ±

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19..., that I last saw the deceased alive on Thurs July 29 1954, and that death occurred at 11:40 A M, from the causes and on the date stated above.

SIGNATURE Read N. Calvert M.D. ADDRESS 7844 Ga Ave. S.S. DATE SIGNED 8-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 5, 1954
NAME OF CEMETERY OR CREMATORY: George Washington Cem
LOCATION (City, town, or county) (State): Riggs Road ext. Pr. Geo Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 3-1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. N.W. D.C.
ADDRESS: Takoma Park

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 07706

7722

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 14 FilmG169 9-7-54 et

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural | LENGTH OF STAY (in this place) 1 year-7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
504-Green Lawn Drive Prince-
STATE [redacted] Md. COUNTY George.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville
STREET ADDRESS (If rural give location) Rockville, Md. R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Bernard (Last) Saur

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: April 29 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR Months 4 Days 27 | IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired fireman | 10b. KIND OF BUSINESS OR INDUSTRY: District Fire Dept. | 11. BIRTHPLACE (State or foreign country): Washington, D. C. U. S. A. | 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Rudolph Saur

14. MOTHER'S MAIDEN NAME: Caroline Sprugel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) Navy-1892

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: 504-Greenlawn Drive Ann S. Sullivan, Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, — Interval Between Onset And Death One year (6 months) 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic myocarditis, + insufficiency.

DUE TO (c) —

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Long years of exposure as a fireman.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. —, 1953, to Aug. 28—, 1954, that I last saw the deceased alive on Aug. 28, 1954, and that death occurred at 1:25 P. M., from the causes and on the date stated above.

SIGNATURE Wheeler D. Huff (Degree or title) M.D. ADDRESS 4529-Maple Ave, Bethesda, Md. DATE SIGNED —

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/31/54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 8/30/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins | ADDRESS 3821-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07707

7723 CERTIFICATE OF DEATH

Reg. Dist. No. 21...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 1814 Park Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Peg (Middle) (Last) Schaefer

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: Feb. 13, 1894

9. AGE last birthday 60 yrs.
IF UNDER 1 YEAR Months ___ Days ___
IF UNDER 24 HRS. Hours ___ Min. ___

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not stated

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Schaefer

14. MOTHER'S MAIDEN NAME: Mary Boehm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS: The Medical Record -- The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 171X	(A) Uremia	
ANTECEDENT CAUSE (B)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hydronephritis and hydroureter	
	DUE TO	
	(C) Carcinoma of cervix with local metastasis	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ---

19A. DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jun. 30, 1954 to Aug. 5, 1954 that I last saw the deceased alive on Aug. 5, 1954, and that death occurred at 4:45A M, from the causes and on the date stated above.

SIGNATURE M.D. Donald R. Cole Jr.
ADDRESS The Clinical Center National Institutes of Health
DATE SIGNED Aug. 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug-6-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Pittsburgh Pa.

DATE REC'D BY LOCAL REGISTRAR 8/5/54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901-14th St. N.W.

RECEIVED
AUG 9 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

07708

7724

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 10906 - New Hampshire Ave. Sp. Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural, give location) 10906 - New Hampshire Ave.

3. NAME OF DECEASED (Type or Print) (First) LEAH (Middle) T. (Last) SCOLTOCK
4. DATE OF DEATH (Month) August (Day) 7 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 24 1858
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Terrill
14. MOTHER'S MAIDEN NAME Jessup
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wm H. Coltock 10906 New Hampshire Ave - S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure — 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock - due to fracture of ribs. (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast — 1 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☒
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-24-54 - 10:30 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stairway steps.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bourbeau M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 12-1954
NAME OF CEMETERY OR CREMATORY Ames Municipal Cemetery
LOCATION (City, town, or county) Ames (State) Iowa

DATE REC'D BY LOCAL REG. 8-1-54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Arthur J. Walters ADDRESS 254 - Carroll St. N.H. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07709

7725 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 52

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital, National Naval Medical Center

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): DISTRICT OF COLUMBIA 47x-
STREET ADDRESS (If rural give location): 2216 Wyoming Ave. NW

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Anita Clay Evans SELLERS

4. DATE OF DEATH: (Month) (Day) (Year): August 2 1954

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5 September 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry C. Adams

14. MOTHER'S MAIDEN NAME: Adelaide Durand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Tenn.
J.W. Johnson Lookout Mountain, Chatanooga,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Obstruction, intestinal, small intestine — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

ANTECEDENT CAUSE (B) DUE TO: Adhesions, peritoneal, following operation — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Adenocarcinoma, recto sigmoid, with widespread metastases. — 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 July, 1954 to 2 Aug., 1954, that I last saw the deceased alive on 2 August, 1954, and that death occurred at 4:00A M, from the causes and on the date stated above.

SIGNATURE: [signature] ADDRESS: R.O. PECKINPAUGH LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: 5 Aug 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial & Transit

DATE THEREOF: 8/4/54

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE: Mary C. Connelly

24. FUNERAL DIRECTOR: J.Gawlers Sons

ADDRESS: 1756 Penn.Ave NW, WASHDC

RECEIVED
AUG 6 19..
BUREAU V. S.

07710

MARYLAND 7726

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 South Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 202 South Summit Ave.

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) Blanche (Last) Severance

4. DATE OF DEATH (Month) August (Day) 21 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 23 1874
9. AGE last birthday 79 yrs. If under 1 year: Months 10, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeping
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Gaithersburg, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ignatius Thomas Fulks
14. MOTHER'S MAIDEN NAME Elizabeth Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-16-0642
17. INFORMANT AND ADDRESS Frank B. Severance, 202 South Summit Ave, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

INTERVAL BETWEEN ONSET AND DEATH 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-27-, 1954, to Aug-21-, 1954, that I last saw the deceased alive on Aug-21-, 1954, and that death occurred at 11 10 P m., from the causes and on the date stated above.

SIGNATURE William C. Miller, MD (Degree or title) 7 Brooks Ave, ADDRESS Gaithersburg, Md. DATE SIGNED 8/22/54/03

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE Aug. 24, 1954
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. Aug 22, 1954
REGISTRAR'S SIGNATURE Alverda G. Cooke
24. FUNERAL DIRECTOR Lowell A. Humphrey-Rockville, Md. ADDRESS

RECEIVED
AUG
BUREAU V. S.

MARYLAND 7618 07711

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ohio
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toledo, Ohio
STREET ADDRESS (If rural, give location) 5447 Harvest Lane

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Vanner (Last) Sevison

4. DATE OF DEATH (Month) August (Day) 14, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-25-87

9. AGE last birthday 66 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nelson Lane

14. MOTHER'S MAIDEN NAME Clara Vanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Admission Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of liver — Interval between onset and death: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7-22-54

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of liver & retroperitoneal glands

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 1954, to 8-14, 1954, that I last saw the deceased alive on 8-14, 1954, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE Paul V. Starr, (Degree or title) M.D. ADDRESS Takoma Park, Md. DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE August 17 1954 NAME OF CEMETERY OR CREMATORY Toledo Memorial Cemetery LOCATION (City, town, or county) Toledo, (State) Ohio

DATE REC'D BY LOCAL REGISTRAR Aug 14 1954 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND 7727

07712

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4626 Chestnut Street

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Augustin (Last) Shaw

4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 3, 1866
9. AGE last birthday 87 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William A. Shaw
14. MOTHER'S MAIDEN NAME Lucetta M. Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ursula S. Hutton-daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction, lt ventricle

Antecedent cause(s) (b) Coronary Thrombosis, Anterior

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 1954, to Aug, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Charles J. Savarese Jr. (Degree or title) MD. ADDRESS 8016 Old Stoneland Bethesda DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE 8-15-54
NAME OF CEMETERY OR CREMATORY Reynolds Hill
LOCATION (City, town, or county) Sidney, Maine (State)

DATE REC'D BY LOCAL REG. 8/16/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07713

7728 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 3109 Dawson Avenue

3. NAME OF DECEASED: (First) Mary (Middle) Ellen (Last) Sheehan

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct. 17 1887

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Arthur McCarriston

14. MOTHER'S MAIDEN NAME: Ann Coyne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. Mrs Helen Smith, 1134 Norris Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized carcinomatosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of breast DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension, Essential

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1954, to 8/7, 1954 that I last saw the deceased alive on 8/6/54 1954, and that death occurred at 8:00 A M, from the causes and on the date stated above.

SIGNATURE Belden R. Leap M. D. ADDRESS Silver Spring, Md. DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 8/8/54

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REGISTRAR 8/11/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 13 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07714

CERTIFICATE OF DEATH

7729

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3910 East-West Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3910 East-West Highway

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) B. (Last) SHELTON
4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 3, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 8 Days 18 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Legal Clerk-Self
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Shelton
14. MOTHER'S MAIDEN NAME: Emma Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Margaret A. Shelton-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	cerebral hemorrhage	45 min
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	cardio vascular renal disease	3 yrs
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1933, to Aug 21, 1954, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 12 15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. E. Quayle M.D. 1822 Biltmore St N.W. Wash D.C. 8/21/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THERE: 8/23/54
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REG. 8/24/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey
ADDRESS: Bethesda, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH— [redacted] 07715

7730 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5704 Ridgefield Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5704 Ridgefield Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) B. (Last) SIMMS, II

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 7, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months 7 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Dept. of Army

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph B. Simms

14. MOTHER'S MAIDEN NAME: Daisy Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Helen W. Simms

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Respiratory Failure	1 hour
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypostatic Pneumonia	5 days
	DUE TO (C) Carcinomatosis	6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	None	

19A. DATE OF OPERATION: April 1954
19B. MAJOR FINDINGS OF OPERATION: Lymph Node Biopsy - Anaplastic Carcinoma
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954 to Aug. 17, 1954, that I last saw the deceased alive on August 17, 1954, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE Clifton R. Shriver
ADDRESS M.D. 4325 49th St. N.W. Wash. D.C.
DATE SIGNED Aug. 17, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county) (State)
Burial	8/19/1954	Cedar Hill	Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/54	Bessie M. Thompson	Roberta A. Pumphrey	Bethesda, Md.

RECEIVED
AUG
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07716

7731 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General, Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Debra (Middle) Ann (Last) Smith

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8/2/54
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Clay Borber Smith
14. MOTHER'S MAIDEN NAME: Dorothy Jane Robey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval Between Onset And Death: 5 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity (35 wk) — 5 days
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1954, to 8/7, 1954 that I last saw the deceased alive on 8/6, 1954, and that death occurred at 3:25 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 9/54
NAME OF CEMETERY OR CREMATORY [illegible] Hill MD
LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-9-54
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [signature] ADDRESS [illegible]

2084181431

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07717

7732 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 yr 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Souder

4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 21, 1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Warthen

14. MOTHER'S MAIDEN NAME: Rhoda Etchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Beulah Hyatt, Damascus Md. Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 15 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture [illegible] neck of femur — 6 weeks

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) County (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1949, to August 1, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE James [illegible] (Degree or title) [illegible] ADDRESS Damascus Md. DATE SIGNED 8/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 3, 1954 NAME OF CEMETERY OR CREMATORY Damascus LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR 8-4-54 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Olin L. Molesworth ADDRESS Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07718

7733 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 74 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3420 P St. N.W. √

3. NAME OF DECEASED: (First) Edwin (Middle) M (Last) Sowder
4. DATE OF DEATH: (Month) Aug. 22 (Day) (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 2 July 1908
9. AGE last birthday: 46 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Sowder
14. MOTHER'S MAIDEN NAME: Virginia Robinette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. None stated
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Status post-thymectomy
ANTECEDENT CAUSE (B) DUE TO for
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Myasthenia Gravis
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug. 19, 1954
19B. MAJOR FINDINGS OF OPERATION: Thymic tumor
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -----
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) -----
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1954, to Aug. 22, 1954, that I last saw the deceased alive on Aug. 22, 1954, and that death occurred at 3:45 A M, from the causes and on the date stated above.

SIGNATURE Marvin C. Kornfeld M.D. ADDRESS The Clinical Center, NIH DATE SIGNED 8-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/24/54
NAME OF CEMETERY OR CREMATORY Arlington Nat'l
LOCATION (City, town, or county) (State) Ft. Myer, Va.

DATE REC'D BY LOCAL REGISTRAR 8/23/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901-14th St. N.W. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 23 19
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07719

7619

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH.
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 9513 Kentstone Dr.

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Thomas (Last) Stamp

4. DATE OF DEATH: (Month) AUG. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 5-29-08

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months — Days 4 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ord. Engineer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): R.I.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas A. Stamp

14. MOTHER'S MAIDEN NAME: Catherine Hughie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) PULMONARY EMBOLISM WITH INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OLD ANTERIOR MYOCARDIAL INFARCTION — 7 YEARS

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPOTHYROIDISM

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun ... 1953, to AUG 3 ..., 1954., that I last saw the deceased alive on AUG. 3 ..., 1954., and that death occurred at 12 PM, from the causes and on the date stated above.

SIGNATURE Glenn A. Geis M.D. ADDRESS M.D. 8726 Colesville Rd. Silver Spg. Md. DATE SIGNED 8-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-5-54

NAME OF CEMETERY OR CREMATORY: Parklawn

LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR: AUG 3 1954

REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Robert R. Dunphrey

ADDRESS: Bethesda, Md.

AUG 6 1954
BUREAU V. S.

Special

07720

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7734

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montg — STATE MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg — LENGTH OF STAY (in this place) 10 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg — STREET ADDRESS (If rural give location) 30 N. Summit Ave

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Alberta (Last) Starner

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 4-1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): PrinceGeorge Co, Md,

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas N Baldwin

14. MOTHER'S MAIDEN NAME: Mary V. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Welsh. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause — (a) Heart failure, acute left ventricular — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerotic Heart Failure — Several years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1954, to Aug. 7, 1954, that I last saw the deceased alive on Aug. 7, 1954, and that death occurred at 11:05 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. — ADDRESS Gaithersburg, Md — DATE SIGNED Aug. 9, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8-11-54 — NAME OF CEMETERY OR CREMATORY Loraine Park Cemetery — LOCATION (City, town, or county) Baltimore. — (State) Md,

DATE REC'D BY LOCAL REGISTRAR Aug 9, 1954 — REGISTRAR'S SIGNATURE Amelia L Cook

24. FUNERAL DIRECTOR Ernest C. Gartner, — ADDRESS Gaithersburg. Md.

RECEIVED
AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07721

7735 CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH: COUNTY Mont. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 2928 Terrace Dr

3. NAME OF DECEASED: (Type or Print) (First) HEDWIG (Middle) (Last) STEIGERWALD
4. DATE OF DEATH: (Month) (Day) (Year) aug 28 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH:
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Moses Kleeblatt
14. MOTHER'S MAIDEN NAME: Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Erich Frank

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (metastatic)

IMMEDIATE CAUSE (A) cerebral malignancy rt parietal lobe — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

ANTECEDENT CAUSE (S) DUE TO (B) Pulmonary malignancy rt lobe metastatic — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) adeno carcinoma colon — 7 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.12, 1954, to 8.28, 1954, that I last saw the deceased alive on 8.28, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Stanley Paul Stom M. D. ADDRESS 300-Hamilton St. N.W. Wash D.C. DATE SIGNED 8.28.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF aug-29-54 NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem LOCATION (City, town, or county) (State) Hyattsville

DATE REC'D BY LOCAL REGISTRAR 8/30/54 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR B Damyansky & Son ADDRESS 3501-14[illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

SEP 2
BUREAU V. S.

07722

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7736 CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Silver Spring
LENGTH OF STAY (in this place) 1 yr. 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing - Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 11948 - Andrew St.
STREET ADDRESS (If rural, give location) Silver Spring - Md

3. NAME OF DECEASED: (Type or Print) (First) Loretta (Middle) (Last) Stelfox

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1954

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Divorced **8. DATE OF BIRTH:** Aug-6-1898 **9. AGE last birthday:** 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife **10b. KIND OF BUSINESS OR INDUSTRY:** at Home **11. BIRTHPLACE** (State or foreign country): Plymouth Penna **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: Richard Lewis **14. MOTHER'S MAIDEN NAME:** Emma Williams

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Harold Stelfox 11948 Andrews St. Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
443 x Immediate cause	(a)	Myocardial Insufficiency	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertensive Cardiovascular disease	10 yrs +
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis with Encephalomalacia — 1 year

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 29, 1949, to Aug. 13, 1954, that I last saw the deceased alive on Aug. 13, 1954, and that death occurred at 11:13 A.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mock M.D. (DEGREE OR TITLE) ADDRESS 7701 Carroll Ave. Takoma Park, Md. DATE SIGNED 8-13-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Aug 16-1954 NAME OF CEMETERY OR CREMATORY Park Lawn LOCATION (City, town, or county) Montg Co. (State) Md.

DATE REC'D BY LOCAL REG. 8-16-54 REGISTRAR'S SIGNATURE Frances Potter **24. FUNERAL DIRECTOR** Arthur Walters ADDRESS 754 Carroll St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07723

7737 CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-52

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7810 Boston Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 7810 Boston Ave

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Joseph (Last) Sullivan

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Dec 10 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Wash., D C

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Joseph Sullivan

14. MOTHER'S MAIDEN NAME: Mary Ellen Sheehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-32-5339

17. INFORMANT & ADDRESS: Mrs Mary G. Sullivan. 7810 Boston Ave Silver Spring Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 10½ Mo

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sec. Anemia — 8 Mo

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/, 1954, to 8/8/, 1954 that I last saw the deceased alive on 8/8, 1954 and that death occurred at 3 45 P M, from the causes and on the date stated above.

SIGNATURE Howard T. Munroe M. D. ADDRESS 7031 Carroll Ave Takoma Park Md DATE SIGNED 8/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/11/54 — NAME OF CEMETERY OR CREMATORY St. John's Catholic Cemetery, LOCATION (City, town, or county) Montgomery County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-10-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Wenner & Dunphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

AUG 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07724

7738 CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Atwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Atwood Road

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) B. (Last) Sullivan

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/18/81

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Burriss

14. MOTHER'S MAIDEN NAME: Annie Kisner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. John R. Sullivan, Atwood Road, R.F.D.#1 Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 10 days

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..., 19 54, to Aug. 12, 19 54, that I last saw the deceased alive on Aug 10, 19 54, and that death occurred at 1 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Patrick Francis M.D. ADDRESS 1100 Seminary Rd DATE SIGNED Aug 12, 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/13/54

NAME OF CEMETERY OR CREMATORY Friends Cemetery

LOCATION (City, town, or county) (State) Sandy Spring, Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8-13-54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07725

7739 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 163 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) Cabin John, 1 Thorn Rd.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) D. (Last) Sykes

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 31 Jan. 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bratt

14. MOTHER'S MAIDEN NAME: Elizabeth Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: The Medical Record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Extensive fibrinopurulent peritonitis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of uterine cervix with metastases DUE TO to sternum, liver, kidney, parametrial tissue, bladder, rectum and peritoneum

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C— Bilateral hydronephrosis due to ureteral involvement by carcinoma

19A. DATE OF OPERATION: 4-6-54

19B. MAJOR FINDINGS OF OPERATION: Findings as given in diagnoses above

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ----

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 3-3- , 1954 to 8-13- , 1954, that I last saw the deceased alive on 8-13 , 1954, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE Ross M. Miller, Jr. M.D. ADDRESS The Clinical Center Bethesda, Md. DATE SIGNED 8-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 8/13/54 | NAME OF CEMETERY OR CREMATORY Park Light | LOCATION (City, town, or county) (State) Brunswick md

DATE REC'D BY LOCAL REGISTRAR 8/14/54 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR C H Gate Bros ADDRESS Brunswick md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 16 1954
BUREAU V. S.

07726

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7740 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 111
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Saugus
STREET ADDRESS (If rural give location) 12 Harrison Avenue

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) M. (Last) Symonds

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1954

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 26 Feb. 1927
9. AGE last birthday 27 yrs. IF UNDER 1 YEAR Months 5 Days 16 IF UNDER 24 HRS. Hours - Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10B KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Charles O. Hardy
14. MOTHER'S MAIDEN NAME: Lillian Poor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. Not available
17. INFORMANT & ADDRESS: Medical Record, The Clinical Center, NIH

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Metastatic Chorioepithelioma to lungs & spinal cord

ANTECEDENT CAUSE (S) DUE TO Chorioepithelioma of the Uterus.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION -----
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - - -
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) - - - - - - - - -

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - M.
21E INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? - - - - -

22. I hereby certify that I attended the deceased from Apr. 23, 1954, to 8/12/, 1954, that I last saw the deceased alive on 8/12/54, 19 , and that death occurred at 6:20 P M, from the causes and on the date stated above.

SIGNATURE George Rowl Jr. M. D. ADDRESS Clinical Center, NIH DATE SIGNED Aug 12, 1954

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial-transit
DATE THEREOF 8/13/1954
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Middlesex Co. Mass.

DATE REC'D BY LOCAL REGISTRAR 8/14/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17727

7741 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Beaver
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aliquippa
STREET ADDRESS (If rural give location) 949 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Helen (Last) Vatar

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Dec. 25 1901 | 9. AGE last birthday: 53 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Waitress | 10B. KIND OF BUSINESS OR INDUSTRY: Restaurant | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Mancary | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: 949 Main St. Rose Brunecki Aliquippa, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

587.
IMMEDIATE CAUSE (A) Acute Hemorrhagic Pancreatitis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Thrombosis, Pancreatic-Duodenal Artery DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION 8/29/54 | 19B. MAJOR FINDINGS OF OPERATION Acute Pancreatitis | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1954, to Aug. 31, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 6:35 AM, from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED
John C. Haberlin M.D. 9.8 Ellsworth Dr. Silver Spring Md 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 8-31-54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Beaver County, Pa.

DATE REC'D BY LOCAL REGISTRAR 9/1/54 | REGISTRAR'S SIGNATURE Bessie M. Harrison | 24. FUNERAL DIRECTOR Robert D. Humphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 3 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 18~~ 07728

7742 **CERTIFICATE OF DEATH** Reg. Dist. No. 213

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spring Lake Park — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spring Lake Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural give location) R.F.D. 4 Rockville, Maryland

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) REBECCA (Last) TAYLOR

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 1, 1907	47 yrs.	3	1		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Frank Henley	Anna Agnes Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
NO			Lloyd C. Taylor-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Leiomyosarcoma	17 months
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)	
	DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 1953 Jan 1954	Leiomyosarcoma involving diaphragm & spleen	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1954, to Aug. 2, 1954 that I last saw the deceased alive on August 1, 1954, and that death occurred at 1:15 AM, from the causes and on the date stated above.

SIGNATURE Barbara Macelton M. D. ADDRESS 7942 Wisconsin Ave, Bethesda. DATE SIGNED Aug. 2, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-5-54	Potomac Cemetery	Potomac, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 3, 1954	Dorothy M. Jacobson	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 — 10-53

AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07729

7743

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 42 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital National Naval Medical Center

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 2121 North Pierce Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (None) (Last) TEETS

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1954

5. SEX. Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 28 Nov. 1920
9. AGE last birthday 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Economist
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S..

13. FATHER'S NAME: Robert R. Teets
14. MOTHER'S MAIDEN NAME: Elsie Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wife: Mary Teets 2121 North Pierce Street, Arlington, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

142

IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma, parotid DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3+ yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 June, 1954, to 2 Aug., 1954, that I last saw the deceased alive on 2 Aug, 1954, and that death occurred at 1:25 M, from the causes and on the date stated above.

SIGNATURE F.J. SWEENEY LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland
ADDRESS
DATE SIGNED 5 August 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial & Transit
DATE THEREOF
NAME OF CEMETERY OR CREMATORY North Church Cemetery
LOCATION (City, town, or county) (State) Franklin, New Jersey

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R.A. PUMPHREY 7557 Wisconsin Ave. Beth, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07730

7620 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3451 Mt. Pleasant St., N.W.

3. NAME OF DECEASED: (First) Ruel (Middle) Pardee (Last) Tolman
4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 3-26-78
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Curator of Graphic Arts of Smithsonian Institute
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George B. Tolman
14. MOTHER'S MAIDEN NAME: Sarah Cowles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington San. & Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of Prostate DUE TO

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: Feb. '53

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Metastasis to Lung

19A. DATE OF OPERATION: Feb '53
19B. MAJOR FINDINGS OF OPERATION Ca of Prostate
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1953 to 8-24, 1954 that I last saw the deceased alive on 8-24, 1954, and that death occurred at 9:10 PM, from the causes and on the date stated above.
SIGNATURE Oliver E. Thompson M. D. ADDRESS 1805 Eye St N.W. Wash DC DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 8/28/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Pr. Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 29 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S. H. Hines Co
ADDRESS 2901-14th St NW Wash. D.C.

RECEIVED
AUG 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07731

7621 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1 PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 mo. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3426 - 16th N.W.

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Barnard (Last) Tully
4. DATE OF DEATH (Month) (Day) (Year) August 25 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-31-79
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barnard Tully
14. MOTHER'S MAIDEN NAME: Annie Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Carcinomatosis to Brain and Bones — INTERVAL BETWEEN ONSET AND DEATH 4 months
ANTECEDENT CAUSE (S) DUE TO (B) Generalized Carcinomatosis — 5 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Prostate Carcinomatosis — 4 year
Hypertensive Cardio Vascular Renal disease Chronic — Chronic

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ~~None~~ 1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1954, to 8/25, 1954, that I last saw the deceased alive on 8/24, 1954, and that death occurred at 7:40 M, from the causes and on the date stated above.
SIGNATURE Frank Millman — ADDRESS 2130 Conn. Ave. Wash. D.C. — M.D. Frank Millman — DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8-28-1954
NAME OF CEMETERY OR CREMATORY: Glenwood Am.
LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR: Aug-25 1954
REGISTRAR'S SIGNATURE: J. Nelson Dodd
24. FUNERAL DIRECTOR: Jos. Gawler's Sons
ADDRESS: 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-52

RECEIVED
AUG 26 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07732

7744 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8423 Piney Branch Rd.

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) M. (Last) Turner

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1954

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 8 1912
9. AGE last birthday 42 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10B KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Dist. of Col.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Sherman Moore
14. MOTHER'S MAIDEN NAME: Bertha Margaret Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Josephine M. Moore - 716 Ritchie Ave Silver Spring Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pseudomucious Peritonitis
ANTECEDENT CAUSE (B) DUE TO Cystadenoma Ovary, left
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydronephrosis c̄ hydrocystis, et.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug. 20, 1954 and that death occurred at 1:50 A M, from the causes and on the date stated above.

SIGNATURE Barbara Moulton M.D. ADDRESS 7943 Wisconsin Ave. DATE SIGNED 8/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 25, 1954
NAME OF CEMETERY OR CREMATORY: Geo. Wash. Mem. Park Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/26/54
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Warner E. Humphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted], No. 07733

CERTIFICATE OF DEATH

7745

Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 8-24-54-8-25
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10425 East West Hwy.

3. NAME OF DECEASED: (Type or Print) (First) Urban (Middle) Nicholas (Last) Wagner

4. DATE OF DEATH: (Month) Aug. (Day) 25 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7/3/75

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months 1 Days 22 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Farmer-self

11. BIRTHPLACE (State or foreign country): Canton Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas J. Wagner

14. MOTHER'S MAIDEN NAME: Mary Jane Muss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Nicholas Wagner, Son

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Congestive Heart Failure	10 yrs
ANTECEDENT CAUSE (B)	DUE TO (B) Aortic Stenosis, Arteriosclerotic	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cardiomegaly —	1 week

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1954 to Aug 25, 1954 that I last saw the deceased alive on August 25, 1954, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE W S Murphy M. D. ADDRESS Rockville Md DATE SIGNED August 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/28/1954 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) Rockville Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 8/28/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Trumpkey | ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 31 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07734

7622 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington,
STREET ADDRESS (If rural give location) 4223 7th St, N.W.

3. NAME OF DECEASED: (Type or Print) (First) LULU (Middle) (Last) WALLACE

4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1954

5. SEX: Fe.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Nov. 20, 1877
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington San. and Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) ANTERIOR MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 WKS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14-, 1954, to 8-5-, 1954, that I last saw the deceased alive on 8-5-, 1954, and that death occurred at 8 AM, from the causes and on the date stated above.

SIGNATURE Glenn A. Ave MD
ADDRESS M.D. 8726 Colesville Rd Sil Spr. Md
DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 7 1954
NAME OF CEMETERY OR CREMATORY J. Wilson Dodd
LOCATION (City, town, or county) Prince Georges Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 5 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. NW Wash D.C.
ADDRESS 2901-14 st

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07735

7623 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND ✓
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Maryland
LENGTH OF STAY (in this place) 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2408 Kirston Rd

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Zatella (Last) Wiley
4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7-10-81
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Bruce Heaton
14. MOTHER'S MAIDEN NAME: Betty Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Norris J. Wiley 2408 Kirston Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) myocardial infarction acute — INTERVAL BETWEEN ONSET AND DEATH 8-10 hrs

ANTECEDENT CAUSE (S) DUE TO (B) coronary thrombosis — 8-10 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) arteriosclerosis — 20 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954, to Aug. 7, 1954, that I last saw the deceased alive on Aug. 7, 1954, and that death occurred at 8:35 PM, from the causes and on the date stated above.

SIGNATURE Arthur S. Bussler M.D. ADDRESS 533 Riggs Rd, N.C. Wash D.C. DATE SIGNED 8-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/11/54
NAME OF CEMETERY OR CREMATORY: Glenwood
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: Aug 9-1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: W.W. Chambers Co. 5806 Hoover Rivendale Md. 20

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10 1934
BUREAU V. S.

07736

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7746

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 5hrs 15min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 4518 Garrison Street, N. W.

3. NAME OF DECEASED: (First) Maurice (Middle) Allen (Last) WILLARD

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-29-79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Pennslyvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Annie Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Cora Willard 4518 Garrison St,N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) DUE TO: Cerebral hemorrhage, massive

ANTECEDENT CAUSE (S) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Arteriosclerosis, generalized

(C)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Aug, 1954, to 14 Aug., 1954 that I last saw the deceased alive on 14 Aug 1954, and that death occurred at 4:30P M, from the causes and on the date stated above.

SIGNATURE P. C. Bamberg — ADDRESS — DATE SIGNED

P. C. BAMBERG LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 8-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 18 Aug 1954

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 17 Aug 1954

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24 FUNERAL DIRECTOR, ADDRESS: R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07737

7747 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney / LENGTH OF STAY (in this place) 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) R#1

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Preston (Last) Wilson
4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1954
5. SEX: white
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 12/11/76
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harrison Wilson
14. MOTHER'S MAIDEN NAME: Lucy Pearce
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
156.1
Immediate cause (a) Carcinoma of Liver - DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) probably metastatic DUE TO
(c)
Interval Between Onset And Death 9 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1954, to Aug. 28, 1954, that I last saw the deceased alive on Aug. 28, 1954, and that death occurred at 2:30 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M.D. Gaithersburg, Md. Aug. 28, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Aug. 30 '54 West Grove Woodfield
DATE REC'D BY LOCAL REGISTRAR 8-30-54 REGISTRAR'S SIGNATURE Lennie B Lawson
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■g■ is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 5 1
BUREAU V. S.

Film G169, Items 13 & 15, 8-30-54, et

STATE OF MARYLAND—CERTIFICATE OF DEATH

07738

1. PLACE OF DEATH 7748

County Montgomery Registration Dist. No. 214

Village or City Silver Spring, Maryland No. 9416 Worth Avenue X St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Achsah Lucetta Witter

(a) Residence: No. North Brookfield, Mass. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 2, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Secretary (retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. State College of Pa.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) North Brookfield, Mass.
(State or country)

FATHER

13. NAME ~~Wilbur~~ Fiske Witter Wilbur

14. BIRTHPLACE (city or town) .....
(State or country) Connecticut

MOTHER

15. MAIDEN NAME Phallar K. ~~Hooker~~ Hooker

16. BIRTHPLACE (city or town) .....
(State or country) Mass.

17. INFORMANT Mrs. Pearle W. Ward
(Address) 9416 Worth Ave., Silver Spring, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place North Brookfield Cemetery, Mass. 19....

19. UNDERTAKER Warner E. Pumphrey
(Address) 8434 Ga. Ave., Silver Spring, Md.

20. FILED 8/13/54 Frances Fitter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 12, 1954
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1953, to Aug. 12, 1954

I last saw her alive on Aug. 11, 1954; death is said to have occurred on the date stated above, at 2:53 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac dilitation, acute, with circulatory decompensation	[illegible]

Other Contributory Causes of importance:

Hypertensive Heart Disease caused by Arteriosclerosis	194[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature] M. D.

(Address) 3305 McKinley St., N.W., Washington 15, D. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07739

7624 CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, D.C. | LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Audubon, N.J. 6th-3
STREET ADDRESS (If rural, give location) 220 Cornell Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Delaney (Last) Wolohow

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 5-29-1865 | 9. AGE last birthday 89 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): N.J. | 12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: ? Williams | 14. MOTHER'S MAIDEN NAME: Catherine Jane Smith ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — Terminal
ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cardio-Vasc. heart disease — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Broncho-pneumonia — three weeks.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1954, to Aug 14, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 9:15 A M, from the causes and on the date stated above.
SIGNATURE Robert A Hare M.D. M.D. ADDRESS Takoma Park, Md. DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF Aug 27, 1954 | NAME OF CEMETERY OR CREMATORY Evergreen Cem | LOCATION (City, town, or county) Camden (State) N.J.

DATE REC'D BY LOCAL REGISTRAR Aug-27-1954 | REGISTRAR'S SIGNATURE J. Milton Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. Takoma Park D.C.

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07740

7625

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 14100 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edgar (Last) Zeigler

4. DATE OF DEATH: (Month) AUG (Day) 1 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 1 1877
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Zeigler, James H.
14. MOTHER'S MAIDEN NAME: Annie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Same as deceased Sister, Miss Helen B. Zeigler

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) ARTERIOSCLEROTIC HEART DISEASE c̄ AURICULAR FIBRILLATION — 10 YEARS.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954, to Aug 1, 1954, that I last saw the deceased alive on Aug 1, 1954, and that death occurred at 6:06 P M, from the causes and on the date stated above.

SIGNATURE Glenn A. Rice M.D. M.D.
ADDRESS 8726 Colesville Rd. Silver Spring, Md.
DATE SIGNED Aug 1, 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 4, 1954
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Hyattsville Montg. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug-2-1954
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Arthur Pallers
ADDRESS 254 Carroll St. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 4 1954
BUREAU V. S.